

Membership Application

One Year Membership

New _____ **Renew** _____

Date: _____

- _____ Student (under 18) \$10
- _____ Individual \$15
- _____ Family \$25
- _____ Lifetime \$500

Optional Donation in addition to membership: _____

Tax Deductible Total Enclosed: _____

Please print clearly

MTA does not share personal information with third parties

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

To receive newsletters and MTA event information

Email: _____

Phone: _____

_____ I am interested in volunteer opportunities

_____ **Trail Maintenance:** weed eating/spraying, hand chipping brush, leaf blowing

_____ **Trail Cleanup:** picking up trash

_____ **Events:** Riverfest, Mountain Glory for example

_____ **Fundraisers:**

_____ **Other:** _____

Make check payable to McDowell Trails Association

Mail to:

McDowell Trails Association

PO Box 1325

Marion, NC 28752

MTA.Member.info@gmail.com

Thank you for your support!