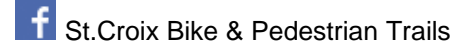




Email: scbptc@gmail.com
Web Site: www.stcroixtrails.com



Bike & Hike the Valley

Interested in supporting a network of safe trails in the St. Croix County area? Then consider a membership and/or donation to support the Trail Coalition's projects. *Be a catalyst for future trail actions!*

The Coalition supports the development of a county wide pedestrian/bike trail system that

- *Connects to the St. Croix River Crossing Loop Trail,*
- *Creates safe commuting and recreational opportunities,*
- *Encourages healthy lifestyles, and*
- *Promotes tourism and commerce in greater St. Croix County area*

A sample of projects the Coalition has worked collaboratively on is

- Walk and Bike to School initiatives
- Library Backpack Program
- Core 4 + in Elementary Schools
- Art Bench on the Loop Trail Main Trailhead
- Bike Rack Initiative
- *Beyond the Loop* Trail Map and Brochure

For a more complete list, visit the Coalition's web site at www.stcroixtrails.com and click on the *History / Join / Donate* Page.

Benefits of Membership include

- *Involvement in Local Communities to Connect Trails*
- *Election of Coalition Board Members & Vote on Issues at Coalition Meetings*
- *Receiving Messages About Trail Issues/Events*

Benefits of Donations Include All of the Above in Addition to

- Bringing Local Discussion to Trail Building
- Building on Established Trail Connections in the St. Croix Valley
- Investing in the Future with Coordinated Planning
- Focusing on Recreational Facilities for All Ages
- Increasing Tax Revenue by Bringing Visitors to the Area

To Join/Donate: Print and fill out the membership/donation information below, enclose the form with your check for the total amount and mail it to the Trails Coalition.

The Trails Coalition is a registered Wisconsin Nonprofit with 501(c)(3) status making donations tax deductible.



Trails Coalition

Bike & Hike the Valley

Email: scbptc@gmail.com
Web Site: www.stcroixtrails.com



Membership/Donation Form

Printed Name: _____

Address: _____
Street

City State Zip

Home Phone: _____ Work Phone: _____

Email Address(es): _____
Required to receive coalition updates

Signature: _____

Date: _____

\$20 Annual Membership Fee \$_____

I Want to Contribute More? *Great!* Additional Donation \$_____

Total Amount Enclosed _____

Make you check out to SCBPTC.

Mail membership/donation form and check to 1230 Oakwood Lane, Hudson, WI 54016

Membership Receipt and/or Donation Acknowledgement will be emailed to you.

FOR COALITION USE ONLY

Date of Receipt of Membership/Donation: _____

Printed Name and Initials of Receiver

Date Membership Receipt/Donation Acknowledgement Letter Mailed

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