

St. Croix Bike and Pedestrian Trails Coalition 2023 Membership Form

Printed Name: _____

Address: _____
Street

City State Zip

Home Phone: _____ Work Phone: _____

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

Signature: _____

Date: _____

_____ Annual Membership Fee of \$20 is enclosed

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

Total Amount Enclosed \$ _____

Make your check out to SCBPTC
Mail membership form and fee to 1230 Oakwood Lane, Hudson, WI 54016

Receipt will be emailed to you.

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FOR COALITION USE ONLY

Date of Receipt of Membership Form: _____

Printed Name and Initials of Receiver

Date Receipt Mailed

Voter Eligibility Date