

# Westmoreland Yough Trail Chapter

## Membership Form

Your privacy is important to us. The WYTC does not share names, addresses, phone numbers, or email addresses with other individuals, organizations or companies.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- Note: Email addresses are used to send out information about events and other activities.

**Membership Type (circle):**                      **New**    **Renewal**

**Membership Category (Put an “X” in the appropriate space.):**

	<b>Individual</b>	\$20	\$
	<b>Family</b>	\$30	\$
	<b>Supporting</b>	\$50	\$
	<b>Benefactor</b>	\$125	\$
	<b>Voluntary Contribution</b>		\$
	<b>Total Enclosed</b>		\$

\_\_\_\_\_ I'd like to receive a membership card.

\_\_\_\_\_ I'm interested in doing volunteer work. Please contact me.

**Please make checks payable to “WYTC” and mail completed form with your check to:**

**WYTC**  
**P.O. Box 242**  
**West Newton, PA 15089**



**Thank you for your support.**