



Please print this form and mail it with a check to:

**Farmington Valley Trails Council,
P.O. Box 576
Tariffville, CT 06081**

Farmington Valley Trails Council Membership Application

Please print clearly

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Membership Level:

___ Single \$20

___ Family \$30

___ Senior (65+) \$15

___ Friend \$100

___ Sustaining \$500

___ Lifetime Benefactor \$1,000

Newsletter Preference/Volunteer Opportunities:

To maximize the dollars going to the trails, FVTC communications such as the Newsletter will be sent to you via e-mail unless you specify paper mail. Please indicate:

___ Email ___ Paper mail

I would like to be contacted about volunteer opportunities:

___ Yes ___ No