

Membership Application

Individual or organization name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Email Address: _____ How do you use trails? Hiking? Equestrian? Biking?

What outdoor related organizations do you belong to? _____

Would you like membership in YTA Historic Trails Subcommittee? If so, please check this box.

Annual Membership Fee: \$15.00 Individual/Family \$30.00 Organization or Business

Today's Date: _____ Membership Fee Amt. _____ Make checks payable to: YTA. Clip this coupon and mail to:

YAVAPAI TRAILS ASSOCIATION, P.O. Box 403, Prescott, AZ 86302