



WASKAHEGAN TRAIL ASSOCIATION MEMBERSHIP

www.waskahegantrail.ca

P.O. Box 131, Edmonton, AB, T5J 2G9

Please complete this form and Member Waiver(s) and mail to **Waskahegan Trail Association**, P.O. Box 131, Edmonton, AB, T5J 2G9

First & Last Name: Family or Group, please enter a Primary Contact Person's First and Last Name. _____

Name of Family or Group: Required for Family or Groups only. _____

Address, City, Province & Postal Code: _____

Phone (area code): Evening _____ Day Time _____

E-mail: Family or Group, please enter a Primary Email Address. _____

Adults/Family/Group Membership Fee	_____	\$20.00/ year <i>Membership runs March 1st to February 28th. Members joining after September 1st receive the balance of the year free with a full paid membership for the next year.</i>
Guide Book (Members Only)	_____	\$10.00
Guide book shipping	_____	\$5.00 if mailed out
Crest	_____	\$3.00 <i>complimentary to new members</i>
Decal	_____	\$2.00 <i>complimentary to new members</i>
Pin	_____	\$3.00
DVD "A Year in Hiking"	_____	\$15.00
Donation	_____	Tax receipt issued for donations of \$10 and more
Total	\$ _____	Total in Canadian Dollars

We encourage and appreciate your active support and participation in our association. Please indicate by checking the area(s) in which you or any members of your family or group would be willing to help, * training is provided:

Hike Leader* <input type="checkbox"/>	Board of Directors <input type="checkbox"/>
Trail Maintenance* <input type="checkbox"/>	Social Events <input type="checkbox"/>
Not Sure, please contact me <input type="checkbox"/>	Web/Newsletter/Publicity <input type="checkbox"/>

How did you hear about our association?

Poster <small>Where?</small> _____	Web <small>Web Site?</small> _____
Newspapers <small>Which one?</small> _____	Other <small>Please provide details</small> _____
Word of Mouth _____	_____

_____ I have completed a Member Waiver available from www.waskahegantrail.ca/member/

_____ We have completed 1 Member Waiver for each adult member of our family who will be attending events.

_____ We have completed 1 Child Waiver for each non-adult member of our family who will be attending events.

_____ If an organization, I understand that each member of our organization will complete a guest waiver for each WTA event our organization members attend.

_____ I wish to support the association but do not plan to attend WTA events, therefore I (we) have not completed a waiver. I understand that if I do attend an event, I will need to sign a waiver at that time.