

Name \*

## Halifax North West Trails Association Membership Form

First Name	Last Name	example@example.com	
Cell Phone Number (for text messages)		) Home Phone Number	
Area Code	Phone Number	Area Code Phone Number	
Address *			
Street Address			
City	State / Province		
Postal / Zip Code			
Are you interes	ested in Volunteering with	us? Check any roles that you would be interested in	!
Hike Leader	r		
Trail Building/Maintenance			
Special Events			
Trail Monito	or		
Member Ca	re		

Email \*



Photographer Fund Raising Board Member

## Membership Type (select ONE(1)): \*

Three Year New Member - Individual Adult (\$20)

Three Year New Member - Individual Under 16 (Free)

Three Year New Member - Family (includes parent(s) and all children) (\$30)

Three Year Renewal - Individual Adult (\$15)

Three Year Renewal - Individual Under 16 (Free)

Three Year Renewal - Family (includes parent(s) and all children) (\$25)

## Birthday (If applying for Individual under 16 membership)



Year Month Day

Total to pay (determined by membership selection):

Office Use: Renewal Date

## Please mail application form and cheque (made payable to Halifax North West Trails Association) to

103-287 Lacewood Dr. Halifax NS B3M 3Y7

Questions? membership@halifaxnorthwesttrails.ca