



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 \$25

Family \$40

Senior (65+) \$20

Friend \$100

Sustaining \$500

Lifetime Benefactor \$1,000

Employer matching fund

 New membership

Renewing member

Newsletter Preference/Volunteer Opportunities:

To maximize the dollars going to the trails, the FVTC Newsletter will be sent via e-mail in the future unless you wish paper mail. Please indicate:

Email Paper mail

I would like to be contacted about volunteer opportunities:

Yes No