



Membership Form

Name: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

- | | |
|--|---|
| <input type="checkbox"/> \$25 Individual Annual | <input type="checkbox"/> \$80 Friends Group |
| <input type="checkbox"/> \$500 Lifetime (Individuals only) | <input type="checkbox"/> \$200 Association/Business |
| <input type="checkbox"/> \$35 Family Annual | |

Questions? Call 517-485-6022 anytime between 9am-4pm, Monday through Friday. Mail this form with your check or money order to: Michigan Trails, PO Box 27187, Lansing, MI 48909.