

Join or Renew a Membership with the North Country Trail Association

Thank you for joining or renewing your membership. This can be annual, or monthly through the Mile Makers Club.

Membership Level	Selection:			
□Individual \$40	Family \$55	Trail Scout \$100	Trail Angel \$250	∏Trail Builder \$500
□Trail Blazer \$1,000	Trail Guardian \$2,500	_Trail Leader \$5,000	_Trail Champion \$10,000	Other \$
Mile Makers Club (Monthly giving pro	Member gram, minimum \$9/mo	onth.)		
\$ / n	nonth			
I'd like my Mile Make □1st of each month	rs Club contribution to	•	e:	
Membership Detail	s:	Renew		
Chapter Selection:				
☐Allegheny National Forest	Arrowhead	☐Brule-St. Croix	_Butler County	☐Central Flyway
Central New York	Chequamegon	_Chief Baw Beese	☐Chief Noonday	☐Clarion County
□Dakota Prairie	_Grand Traverse Hiking Club	☐Harbor Springs	∃Heritage	☐Hiawatha Shore-to-Shore
∐Itasca Moraine	_Jordan Valley 45°	☐Kekekabic Trail	Laurentian Lakes	_Marquette Area
☐Minnesota Waters and Prairie	_Ni-Miikanaake	□Peter Wolfe	☐Sheyenne River Valley	Spirit of the Woods
☐Star of the North	☐Superior Shoreline	_]Wampum	□Western Michigan	☐At-Large (no Chapter)
<i>North Star</i> Magazir	ne Delivery Method:	Electronic Only	Mailed/Physical Co	ру
Go Green (Paperles	ss Member Commun	ications):□Yes	□No	

If this is a **Family** membership, please list each person's name and relationship to be included:

If this is a Gift Me	mbership , enter t	he recipient's info	ormation below.		
First and Last Nam	ne:				
Address:					
City:		State:	Zip:		
Payment Details	: □Credit Card	□Check			
Credit Card #:			Exp. Date:	CVV:	
_	ransaction fees for to al membership + 3		Trail Association (+ 3.5	5%)	
Contact Informa	tion:				
Title:	First and Last Name:				
Business/Organiza	tion (optional):				
Email:			Phone (option	al):	
Address:					
City:		State:	Zip:		
I would like this m	nembershin to rem	ain anonymous			

Please mail this completed form to: North Country Trail Association 229 E. Main St. Lowell, MI 49331