

## Trail Center Membership Form

## I Would Like to Support the Trail Center

Name:		Enclosed is my annual membership fee	
Address:		\$25	\$100
City:		<u> </u>	\$250
State: Zip:		**************************************	
Evening Phone:			<del></del>
Day Phone:			
		The Trail Center is	a 501(c)(3) corporation. Your fully tax-deductible if you do
Many employers match funds. Please ask if yours does.		not receive a free map; otherwise see below.	
	address (optional):ell or exchange email addresses with third	d parties.)	
	o receive your email newsletter <i>Trail Cer</i> re to provide your current email address a		Yes No
	checks payable to Trail Center. If you we aformation below. (Visa or MasterCard of		membership fee, please
Card number:		Name on card:	
Card expiration date:/		Signature:	
For new me	embers only		
contribution i	like to receive a free copy of one of our rs less than \$50, you must subtract the faition to determine your tax deduction.		
Trail Map of the Southern Peninsula		(FMV \$6.95)	
Central San Francisco Peninsula Trails		(FMV \$7.95)	
San Francisco Peninsula Parklands		(FMV \$7.95)	
I would like	to volunteer		
Crew Leader		Office Work	
Director/Officer/Manager		Trail Building/Maintenance	
Fundraising		Web Site Design/Maintenance	
Mapmaking		Publicity/Tabling	
Newsletter (Photography, Editing, Writing)		Other:	
INCWSI	etter (1 notography, Editing, writing)	Outer	
Return to:	Trail Center 3921 East Bayshore Road Palo Alto, CA 94303		
Thank you!			
Mess Fax	sages 650-968-7065 650-962-8234		nfo@trailcenter.org

(form revised 2/4/2008)