

2010
Membership Application

Name: _____

Address: _____

City, State, Zip _____

e-mail address: _____ Phone: _____

Individual Membership: \$15; Family Membership: \$20; Trail Sponsor: \$100

I hereby release WMTA of any and all liability for personal loss or injury, and/or property loss or damage of any kind. I accept all responsibility for myself, family members, and personal property.

Signed: _____ Date: _____

Make check payable to WMTA or Wolcott Mill Trail Association.

Mail to: Marilyn Dubay
56390 Omo Rd.
Macomb, MI 48042

Check box for "yes":

- Are you willing to help on workbee dates?
- Do you own a tractor and/or brush hog & be willing to help mow?
- Would you prefer your newsletter by **e-mail**?
- Would you prefer a **mailed hardcopy** of the newsletter?

***** Club Donations or "in kind" services are tax deductible *****