



MEMBERSHIP APPLICATION

DATE: _____

NAME: _____

Optional

SPOUSE NAME: _____

ADDRESS: _____

HOME TELEPHONE: _____ Omit from Membership Directory? Y/N

CELL PHONE: _____ Omit from Membership Directory? Y/N

E-MAIL ADDRESS: _____

Optional

SPOUSE HOME TELEPHONE: _____ Omit from Membership Directory? Y/N

SPOUSE CELL PHONE: _____ Omit from Membership Directory? Y/N

SPOUSE E-MAIL ADDRESS: _____

My favorite hiking areas are: _____

_____ I am willing to lead hikes.

_____ I am willing to perform trail maintenance.

_____ I could present or arrange for a program presentation for the membership on the

following topic (s): _____

Annual membership dues are \$20 per household, which includes a membership card good for 10% off non-sale items at Gearhead. Memberships expire as of April 1st, the beginning of the Club's fiscal year. New memberships paid between January 1st and March 31st will expire on April 1st of the following year.

_____ Enclosed is my check for \$20, made out to the CHATTANOOGA HIKING CLUB.

Your check and this application should be mailed to: **Chattanooga Hiking Club
c/o Debra Young, Secretary
4611 Guild Trail
Chattanooga, TN 37409**