

Woolwich Trails Group - Application Form

Name (Mr., Ms., Mrs.): _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Membership Type: _____ Number of members: _____

Are you a new member? **Y** or **N** Previous membership type: _____

Cheque, payable to Woolwich Trails Group, for Membership fee of \$_____ is enclosed.

Would you like to receive correspondence/newsletter via e-mail? **Y** or **N**

If so, what type of work would you be interested in?

Hike leader

Work on a scheduled maintenance work day

Committee or administrative work

Other: _____

WEB APP FORM

Please mail this form to:

Woolwich Trails Group
P.O. Box 370
10 Parkside Drive,
St. Jacobs, Ontario
N0B 2N0

Note: Our privacy policy ensures that e-mail and mailing addresses are kept strictly for membership use!