

WILDERNESS TREKKERS (WT) MEMBERSHIP APPLICATION

To apply for membership, complete this form and mail along with your check payable to
Wilderness Trekkers, PO Box 772971 Ocala, FL 34477

All memberships run from April 1 to March 31. After October 1 membership fees are pro-rated (see below).

- | | |
|--|--|
| <input type="checkbox"/> Individual \$15 full year or \$7.50 after October 1 | <input type="checkbox"/> Supporting \$100 full year or \$50 after October 1 |
| <input type="checkbox"/> Family \$20 full year or \$10 after October 1 | <input type="checkbox"/> Commercial/Agency \$40 full year or \$20 after October 1 |
| <input type="checkbox"/> Sustaining \$50 full year or \$25 after October 1 | <input type="checkbox"/> Student (ID required) \$10 full year or \$5 after October 1 |

† Add \$3 to your membership dues to have a printed Event Schedule mailed to your home every 2 months. Upcoming events, news & information is available FREE on the WT website. The extra \$3 covers printing and postage.

I have enclosed my check # _____, dated _____ in the amount of \$ _____

WILDERNESS TREKKERS MEMBERSHIP CODE. I understand and agree that, when in the wilderness, I will abide by the principles of the Leave No Trace Ethic, preserving our natural areas for others to enjoy. I will abide by the rules set forth by the land managers and property owners whose land I use and will only use private property with the owner's consent. I understand that use of the wilderness is a privilege and that I do so at my own risk. Neither Wilderness Trekkers nor landowners are in any way liable for any injury or accident I may sustain while participating in Wilderness Trekkers events. Please take time to read membership responsibilities found on the web site link called "Join Us" which appears on the home page. **My signature below indicates agreement with the Wilderness Trekkers Membership Code.**

Member Information: (please provide for each family member)

Name*: _____	Additional family members
Signature*: _____	Name*: _____
Address*: _____	Signature*: _____
City*: _____	Name*: _____
State*: _____ Zip*: _____	Signature*: _____
Home Phone*: _____	Name*: _____
Email*: _____	Signature*: _____
Employer: _____	
Occupation: _____	
Work Phone: _____	

*Denotes required response

Please indicate, by checking, whether or not you want your contact information included in the Wilderness Trekker Membership Roster which is distributed to active members that request it:

- Name & Address
- Home phone
- Work phone
- E-Mail

I learned about Wilderness Trekkers from: _____

I am willing to volunteer my time to the Wilderness Trekkers:

Host A Trip: Day hikes Backpacking Paddling Biking (Road) Biking (Off road)

Contribute your talents, be it organizational skills, management skills, people skills, by participating in bi-monthly Board meetings and contribute your ideas and talents for the betterment of the club.