

**BULLTHISTLE HIKING CLUB**  
**MEMBERSHIP FORM**

The Bullthistle Hiking Club invites you to become a member in order to receive a Chapter Hike Schedule and relevant Club news at least on a quarterly basis. **MAKE CHECK PAYABLE TO: BULLTHISTLE HIKING CLUB, and mail to P.O. Box 225, Norwich, NY 13815**, or hand in at any meeting. President: Edward J. Sidote, 5 Clinton St, Norwich (607)334-3872 or ejsidote@frontiernet.net.

NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_ MEMBER FOR JANUARY 1<sup>ST</sup> THRU DEC. 31 201\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Email addresses are not shared with anyone other than club officers without express permission of member.

DUES: INDIVIDUAL \$12.00, FAMILY \$20.00, ORGANIZATION \$25.00, SENIOR (over 60) \$9.00, STUDENT \$6.00, SPONSOR \$50.00

FLTC members receive a discount of \$2/individual, senior or student or \$4/family membership - Please present FLTC membership card or copy of current *FLT NEWS* with your address label as proof.

# ADULTS \_\_\_\_\_ # CHILDREN \_\_\_\_\_ ENROLLED

AMOUNT ENCLOSED: \_\_\_\_\_

(GIFT IS NOT YET TAX DEDUCTIBLE)

GIFT: \_\_\_\_\_

TOTAL: \_\_\_\_\_

If you cannot be an active member of club, please still consider a membership in support of our trail work on the FLT, tool and equipment purchases for trail work, and to fund trail events.

Thank you very much for your financial support.

**FLT WEBSITE IS:** [www.fingerlakestrail.org](http://www.fingerlakestrail.org)

**BULLTHISTLE WEBSITE IS:** [www.bullthistlehiking.org](http://www.bullthistlehiking.org)

**Also:** <http://groups.yahoo.com/group/BullthistleHikers/>

-----  
**I WOULD BE INTERESTED IN:**

- \_\_\_\_\_ : OCCASIONAL TRAIL WORK PROJECTS
- \_\_\_\_\_ : AS A TRAIL STEWARD (Love your own piece of trail to death)
- \_\_\_\_\_ : WITH COMMITTEE WORK (ASK FOR LIST)
- \_\_\_\_\_ : SERVE ON BOARD OF DIRECTORS
- \_\_\_\_\_ : SERVE AS A CAR SPOTTER (TRAIL ANGEL). (ASK SIDOTE FOR FORM)
- \_\_\_\_\_ : HIKE LEADER
- \_\_\_\_\_ : PUBLICITY CHAIRPERSON
- \_\_\_\_\_ : AWARDS/RECOGNITION CHAIRPERSON
- \_\_\_\_\_ : NATIONAL TRAILS DAY CHAIRPERSON
- \_\_\_\_\_ : I HAVE A SPECIAL SKILL THAT I BELIEVE MAY HELP THIS CHAPTER (DESCRIBE ON THE BACK OF THIS FORM)

**OFFICE USE ONLY**

DATE REC'D: \_\_\_\_\_  
Paid: CASH: \$ \_\_\_\_\_ CHECK #: \_\_\_\_\_  
CHECK DATED \_\_\_\_\_ CHECK AMOUNT \$ \_\_\_\_\_  
PATCH AT MEETING \_\_\_\_\_ VIA US MAIL \_\_\_\_\_  
FORWARDING ADDRESS: EMAIL \_\_\_\_\_ US MAIL \_\_\_\_\_