WASKAHEGAN TRAIL ASSOCIATION MEMBERSHIP P.O. Box 131, Edmonton, AB, T5J 2G9

www.waskahegantrail.ca



Please complete this form and Member Waiver(s) and mail to Membership, Waskahegan Trail Association, Box 131 Station Main, Edmonton AB T5J 2G9

First and Last	t Name:							
Family Members: Mailing Address including Postal Code		If joining as a family						
	Phone:	Alternate Phone						
E-mail:		For Family, please enter a primary email address.						
Single/Family N	ip Fee	p Fee\$20.00/ year						
Guide Book (Members	Only)\$30.00 available to members only						
	Decal\$2.00 complimentary to new members							
	Pin	n \$3.00						
	nation		Tax rec	Tax receipt issued for donations of \$10 and more				
Total <u></u> Total in Canadian Dollars								
We welcome and appreciate our member <u>volunteers</u> . Please indicate whether you or members of your family or group would be willing to help, by checking the area(s) of interest:								
Hike Lead	ler			Board of Dire	ectors			
Trail Maintenance				Social Events	S			
Please Ca	ll Me			Website/New	sletter/Publicity			
Before participating in a WTA event , you must first agree to be bound by and sign the WTA waiver, available from <u>waskahegantrail.ca/waivers</u> .								
Each adult	Each adult member who will be attending events has completed a Member Waiver.							
I have com	pleted one	Child Wa	child Waiver for each non-adult member of our family who will be attending events.					
	to support the association but do not plan to attend WTA events, therefore I/we have not completed a I understand that if I do attend an event, I will sign a waiver at that time.							

How did you hear about our association? Or use this space for optional comments.