

I hereby submit my application for membership in the Weston Forest and Trail Association, Inc.

Email address:			
Name:			
Address:			
City: State: Zip:		e: Zip:	
Circle your desired	membership categ	gory and annual contr	ibution:
Naturalist - \$35	Explorer - \$70	Guardian - \$100	Steward - \$250
Trailblazer - \$500	George Bates So	ociety - \$1000	
If your employer ha	s a matching gift p	orogram, our Tax ID N	umber is: 04-6130587
Name of company			
Phone number of c	ompany		
All contributions are	e fully tax-deductible	le.	
Please make your	check out to:		
WESTON FO	OREST AND TRAIL	L ASSOCIATION, INC	D.
and mail it with this	form to:		
Weston Fore P.O. Box 665 Weston, MA		iation, Inc.	