

## Application form to join the GHTA or renew membership

The members	hip year r	uns from Janua	ry 1 to December	31.	
	New				
	Renew		Indicate if this is	a change of address	or club affiliation.
Please comple the following		rm and send it	with your cheque	, payable to the Gana	araska Hiking Trail Association, to
		Ganaraska Hiki P. O. Box 693 Orillia, ON L3V	ing Trail Associatio	on Inc.	
NAME(S)					_
ADDRESS					_
CITY				POSTAL COD	E
HOME TELEPH	IONE			_	
EMAIL ADDRE	SS				_
Membership (includes family)				\$25.00	
Donat	tion			\$	
			TOTAL	\$	
A receipt for a tax-deductible charitable donation will be sent for donations of \$25 or more.					
Please associate me with the following Ganaraska Trail Club:  Midland [ ], Kawartha [ ], Wilderness [ ], Orillia [ ], Barrie [ ], Mad River [ ], Wasaga Beach [ ],  Oro-Medonte [ ], Pine Ridge (Port Hope) [ ], Independent [ ]					
By submitting this form, I certify that I have read <u>Ganaraska Hiking Trail Association Inc. Waiver Form</u> in full, and that I agree to be bound by it.					
Signature:					