



Membership Application and Donations

Name(s) [Please print] _____

Mailing Address [Number and Street] _____

Town, State and Zip _____

Phone (____) ____ - ____ E-mail address _____

FWT Membership

Single: \$10/year for ____ year(s) = \$_____

Family: \$15/year for ____ year(s) = \$_____

Number of family members _____

FWT Donation

Additional donation (optional) = \$_____

(donations enable trail building and maintenance projects)

Total Membership/Donation = \$_____

Please make checks payable to Friends of Webster Trails, Inc.

Please check areas of interest:

- Trail Maintenance / Trail Building
- Contributing articles /photos to newsletter
- Helping to plan and organize events
- Leading Hikes
- Fund Raising
- Communications – media / newsletter coordination
- Other _____

Where did you first learn about FWT? _____

Signature(s) _____ Date _____

Please mail or drop off your signed application in the Friends' mail slot at the Webster Parks and Recreation Center at 1350 Chiyoda Drive, Webster, NY 14580.

Thank you for your support!