



**Nastawgan
TRAILS Inc.**

Membership Registration Form

Thank You for Supporting Nastawgan Trails Inc.

Personal Information (please print)

First Name: _____

Last Name: _____

Business Name (If Applicable) : _____

Mailing Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Phone: _____

Authorized e-mail Address:* _____

* I authorize Nastawgan Trails Inc. to use the indicated email address for all communications: Yes: No:

Type of Membership (please check one)

Individual: 1 Year \$20.00 5 Years \$80.00 Lifetime \$200.00

Family: 1 Year \$40.00 5 Years \$160.00 Lifetime \$400.00

Corporate: Bronze \$100.00 Silver \$400.00 Gold \$1,000.00

I acknowledge that preparation for, and safety, while hiking, or involvement in organized, or promoted, Nastawgan Trails Inc. activities, are my sole responsibility. I herein waive Nastawgan Trails Inc., or any individual member, from responsibility for my, and any minor dependants, preparedness, safety and losses that may be incurred.

Signature: _____ Date: _____

DD/MM/YY

Please make cheques payable to Nastawgan Trails Inc., include it with this form and mail it to:

Nastawgan Trails Inc.
C/O Murray Muir
RR#1 Sawmill Road
New Liskeard, ON P0J 1P0

Click To Print

For office use

Membership Received: _____ Expiry: _____ Database: _____ Initials: _____