

Your membership supports activities to develop the trail and keeps our membership informed about trail activities. Without the support of our members we could never have completed any trail construction. Please consider becoming a member of Tri-County Trail. We thank you for your support.

Please return this form to the Tri-County Trail address listed on this form.

TRI-COUNTY TRIANGLE TRAIL MEMBERSHIP APPLICATION

Name _____

Street _____

City _____ ST _____ Zip _____

Home Phone () _____ Work () _____

Email _____

(We value your privacy and will not release information to others without your permission!)

Family Membership (one vote per family)

List other family names:



- 1) Annual Membership is \$10.00 per individual or family
- 2) Make checks payable to Tri-County Triangle Trail, Inc. Contribution is tax deductible
- 3) Mail to:

Tri-County Triangle Trail
P O. Box 887
Chillicothe, OH 45601

I would like to make an additional contribution to the trail.

I would like to make a memorial contribution to the trail.

In memory of _____

CHECK OUT ALL THE TRAIL ACTIVITIES

**JOIN IN THE SPRING CLEAN UP
ENJOY THE JULY SUMMER PICNIC
OR THE
AUGUST 20-100 MILE BIKE RIDE**

SEE THE BEAUTIFUL FALL COLORS ON THE

**FALL PIE RIDE
FROM LIGHTLE PARK IN FRANKFORT TO
THE FRANKFORT CORNER RESTAURANT**

CONTACTS

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