## Susquehanna Appalachian Trail Club Membership Application and Renewal Form



New MembershipRenewal (please note any changes, sign and date)Annual membership renewals are due March 31. New memberships are valid for a full year.

Membership Categories – Check One	
	nt Membership (2 people, same address) <u>\$25</u>
-	ndividual LIFE Membership, 55 years old and over \$300
-	int LIFE Membership, 55 years old and over \$500
□ FREE Student Membership ( <i>Must be full-time, 18 yrs +,</i>	
	# of years= \$
Add'l contribution to maintain & protect local trails, incl. A.T., & promote outdoor recreation\$	
	ax deductible to the extent allowed by law] $\dots \mathbf{x} \$3.00 = \$$
	x \$3.00 = \$
	X ¥2.00 - ¥ \$
Mail check payable to SATC, w/ completed form to: SATC, P.O. Box 61001, Harrisburg, PA 17106-1001	
Name (Print) Email	Phone
Address	City State Zip
For Joint memberships, please add second name, and if different from above, e-mail address and phone number	
Name (Print) Email	Phone
Members receive a quarterly newsletter, the Bushwack Bulletin, in PDF format via e-mail as a blind carbon copy. <i>E-mail addresses will not be shared.</i> This allows us to use our funds on trail-related endeavors and enables us to be better stewards of the environment. Members also receive a weekly email, "SATC Trail Mail" which keeps everyone informed of updates, news of interest, upcoming hikes and trail work trips.	
I would like to help SATC by volunteering with:	
Trail maintenance Invasive plant control Represent	enting SATC at public events 🛛 🗆 SATC social activities
How did you hear about SATC?	
□ Friend □ SATC Member □ Website/Internet □	Newspaper 🗆 Previous Member 🗆 Other
Payment of dues constitutes an agreement of those signing below with the policies of the SATC including the following liability statement and release: I/We are aware of the risks inherent in outdoor activities. By participating in any activity of SATC, I/we will be responsible for my/our own well-being and that of my/our minor children while I/we are participating in the activities of SATC and while traveling to and from these activities. I/we agree that SATC, its officers, representatives, and volunteers shall not be liable for any injury, loss, or damage to my/our persons, my/our children, or my/our property, direct or consequential, arising from SATC activities.	
Signature Date Join	t member signature Date
This form MUST BE SIGNED AND DATED by all persons 18 years of age or older who wish to join SATC or renew their membership.	
Rev. 1/2018 Processed by Treasurer	Filed Dues Paid to April 1,