CHEROKEE RIDGE ALPINE TRAIL - ASSOCIATION, INC.
MEMBERSHIP APPLICATION
AND/OR RENEWAL

Visit us online at www.crata.org

NAME: _____ _____ _____
(Last) (First) (MI)
ADDRESS:
_____
HOME PHONE NUMBER: (____) _____
WORK PHONE NUMBER: (____) _____
FAX PHONE NUMBER: (____) _____
E-MAIL ADDRESS: _____

I desire to join C.R.A.T.A .as a dues paying member and support the Association's purpose, vision, and mission statement and I would be interested in participating in the following activities:

PLEASE INDICATE CHOICE OF MEMBERSHIP WITH "X"

_____Trail Work: _____ Special Events: _____ Fund Raising:

_____ Committees: _____ Hiking Leadership Position: _____ Other

I agree to hike only marked routes; carry NO firearms; build no open fires, protect all wildlife. I agree to use the trail at my own risk, NOT holding C.R.A.T.A. or the land owner liable in any way for any injury or accident that I, or any guest, might sustain while on the trail property.

$$ DUES $$ - PLEASE INDICATE CHOICE OF MEMBERSHIP WITH "X"

INDIVIDUAL ANNUAL MEMBERSHIP New___ Renewal ___ Date: _____ $20.00 _____
FAMILY ANNUAL MEMBERSHIP New ___ Renewal ___ Date: _____ $25.00 _____
CORPORATE MEMBERSHIP New ___ Renewal ___ Date: _____$150.00 _____
INDIVIDUAL LIFETIME MEMBERSHIP Date: _____ $100.00 _____

DONATION $25_____ $50_____ $100_____ OTHER $_____

C.R.A.T.A. is a 501(c)3 non-profit corporation.

Membership Fee and contributions are tax deductible. TOTAL $_____

Please make all checks payable to the Cherokee Ridge Alpine Trail Association, Inc., or "C.R.A.T.A." and return with completed applications to:

Cherokee Ridge Alpine Trail Association, Inc.
P. O. Box 240503
Eclectic, AL 36024
Phone: (334) 541-2729

FOR OFFICIAL USE ONLY: Date: _____

Revised August 1, 2008