



Membership Form

Name _____

Address _____

City, State, Zip _____

Email _____

Phone _____

Membership Levels

- Individual \$25
- Family \$35
- 40 Miler \$50
- Champion \$100
- Moffitt \$250
- Donation \$_____ Please specify if your donation

is in honor of or in memory of an individual or you would like it designated for a particular purpose:

Please tell us about your interests; check all that apply:

- Trail Work
- Thru Hike
- Trail Celebration
- Leading Hikes
- Club Organization
- Other _____

Checks or money orders should be made payable to Uwharrie Trailblazers. Donations are not tax deductible at this time.

Mail check with completed form to:

Jim Plant, Treasurer
Uwharrie Trailblazers
3814 Spinks Rd.
Asheboro, NC 27205