

GWTA MEMBERSHIP APPLICATION

Memberships:	1 Year	2 Years	3 Years
Individual	\$50	\$100	\$150
Family	\$50	\$100	\$150

 NEW
(Anyone who has never been a member)

 RENEWAL: Mem # _____
(Anyone who has been a member at any time should choose renewal)

(A family membership consists of 2 adults and up to 4 children at the same residence)

Last _____ First _____

Last _____ First _____

Last _____ First _____

Last _____ First _____

Last _____ First _____

Last _____ First _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal _____

Home Ph. _____ Work Ph. _____

Email _____

Membership dues: \$ _____ for _____ years.

I would also like to make a donation of \$ _____ to *Helping Hands*.
 Total \$ _____ (Please make checks payable to GWTA)

The following information must be filled out if paying by credit card:

VISA/MC/AMEX _____

Exp. Date _____ CVV2 (3 or 4 digit code on back) _____

Billing Address _____ Billing Zip _____

Authorized Signature _____

Mail completed form to:
GWTA Membership Services
 P.O. Box 42403
 Indianapolis, IN 46242-0403
 Toll Free: 1-800-960-4982
 Ph: 317-243-6822
 Fax: 317-243-6833
 Email: membership@gwtaco.com

For the Blue Line (toll-free help service), the services I can provide are as follows:

- A - Bike/Trailer Pickup
- B - Phone Calls
- C - Tent Space
- D - Lodging
- E - Tools
- I/we cannot offer services for the Blue Line.

Please assign me to chapter _____
 in the state/province of _____.

Recruiting credit to _____

Membership # _____

*PLEASE NOTE: All funds must be payable in U.S. Funds only.
 DO NOT SEND CASH.*