



FRIENDS OF MEDICINE BOW RAIL TRAIL

MEMBERSHIP FORM

NAME _____ DATE _____

ADDRESS _____ PHONE (Optional) _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____

LEVEL OF MEMBERSHIP:

FIREMAN (\$20) BRAKEMAN (\$35) CONDUCTOR (\$50) ENGINEER (\$75) Other

Please do not send a gift.

WOULD YOU LIKE TO VOLUNTEER FOR THE RAIL-TRAIL CREW?(Fill map holders, assess trail, etc.) YES

OTHER WAYS I CAN VOLUNTEER _____ NO THANKS

HOW DID YOU HEAR ABOUT US?

FRIEND SOCIAL MEDIA NEWSPAPER BROCHURE MAP OTHER _____

Select Thank You Gifts

PATCH (\$35 Level)

BANDANA (\$50 Level)

SOCKS (S/M) or Socks (L/XL) (\$75 level or more)

NO GIFT

Mail form and check to:

Friends of the Medicine Bow Rail Trail

1116 Albin St.

Laramie, WY 82072

Make checks payable to **Friends of the Medicine Bow Rail Trail** (501c3 non-profit)