



Do you want to keep going past the "Bike Route End"?

Support the completion of the Cross Vermont Trail by becoming a dues paying member.

Your contact information:

Name: _____

Address: _____

email: _____

Payment enclosed:

Membership Style:

Annual Dues:

- | | |
|--|---|
| <input type="checkbox"/> Individual | \$25 |
| <input type="checkbox"/> Creative Individual | \$ ____ Fill in the blank, every dollar goes to work! |
| <input type="checkbox"/> Family | \$35 |
| <input type="checkbox"/> Labor Exchange (Individual or Family) | Commit to attend two volunteer work parties in the coming year. |
| <input type="checkbox"/> Able-to-give-a-little-more | \$50 |



Return to:

Cross Vermont Trail Association
PO Box 116
29 Main Street, Suite 4
Montpelier, VT 05601

802/498-0079
www.crossvermont.org