ANNUAL MEMBERSHIP FORM

CALL MEMBERSHIPS ARE FOR ONE FULL YEAR EFFECTIVE OCTOBER 1st.

Salutation: Mr./Mrs./Ms./Dr.  First Name: ____________________________ Last Name: ____________________________
Organization/ Business: ___________________________________________ Title: ____________________________
Address: __________________________________________________________
City: ____________________________ State: ____________________________ Zip Code: ____________________________
County or Parish: ____________________________ Telephone: ____________________________ Cell Phone: ____________________________
E-mail: ____________________________ Organization Website ($100+ Levels): ____________________________

TYPE OF MEMBERSHIP (Please check all that apply):

_____ RENEWAL OR _____ NEW MEMBER AND _____ INDIVIDUAL OR _____ BUSINESS

MEMBERSHIP LEVELS:  **Note: All membership contributions are tax-deductible.**
- **PARTNER: $1,000**
  - Partner Sponsorship Recognition at all Events Trail-Wide
  - Special ECR Homepage Recognition with Logo and Link to Your Website
  - Recognition in ECR Email Newsletter
  - Partner Window Sticker
  - Certificate of Recognition
  - Personalized Membership Card
  - Quarterly Email Newsletter
  - Trail Map

- **PIONEER: $100**
  - Website Recognition - Prominently listed on the Wall of Pioneers
  - Invitations for You and a Guest to Special Events
  - Personalized Membership Card
  - Bumper Sticker
  - Quarterly Email Newsletter
  - Trail Map

- **PATHFINDER: $50**
  - Personalized Membership card
  - Bumper Sticker
  - Quarterly Email Newsletter
  - Trail Map

- **EXPLORER: $35**
  - Personalized Membership card
  - Bumper Sticker
  - Quarterly Email Newsletter
  - Trail Map

- **STUDENT: $10**
  - Same benefits as an Explorer Membership at a student rate

CREDIT CARD PAYMENT:  American Express □  Master Card □  Visa □  Discover □

Name on Card: __________________________________________________________
Card Number: ____________________________ Expiration Date: __________ CVV Code: __________

If paying by check, please make checks payable to: El Camino Real NHT Association and attach to your application.

ALL DUES MANAGED BY THE ASSOCIATION’S CENTRAL OFFICE BY THE EXECUTIVE DIRECTOR
Please send the completed form to:
El Camino Real de los Tejas NHT Association
P.O. Box 41286 Austin, Texas  78704
www.elcaminorealdelostejas.org