



El Camino Real de los Tejas

NATIONAL HISTORIC TRAIL ASSOCIATION

ANNUAL MEMBERSHIP FORM

ALL 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

PRESERVATIONIST: \$500

- Special Recognition with Logo and Link to Your website in Interactive ECR Trail Display Map
- Recognition in ECR Email Newsletter
- Certificate of Recognition
- 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

TRAILBLAZER: \$250

- Special Recognition and link to your website in interactive ECR Trail Display Map
- Certificate of Recognition
- 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.elcaminorealdelestexas.org