

ALDHA Membership and Gathering Registration Form

Name(s) _____ Current Member Yes No Date / /

Address _____ City, State, Zip _____

Telephone (with area code) _____ Email address _____

Trail name(s) _____

Trails completed and years they were hiked _____

Newsletter – Annual Member Directory

- PDF in email, with color . Saves money, arrives sooner, reduces clutter, and saves trees.

- Paper in black & white

I would like to help ALDHA with:

Gathering *Companion* Field Editor

Trail Work Publications Publicity

Other (specify) _____

Membership is \$10 per calendar year or \$200 for lifetime membership. Memberships processed after Sept. 30th will also include the following year. (\$10 per family.)

Number of years _____ x \$10 per year = \$ _____

Lifetime membership \$200 (Does not include yearly Gathering registration fees.)

Gathering Preregistration is \$20 per person.

Number of registrants _____ x \$20 per person = \$ _____

Donations to ALDHA, a registered 501(c)3 non-profit organization, are tax deductible.

Amount of donation: \$ _____

Checks payable to **ALDHA**. Total enclosed: \$ _____

If attending the Gathering, please mail your payment **no later than Sept. 1** to ALDHA, 10 Benning St., PMB 224, West Lebanon, NH 03784