



# Elora Cataract Trailway Association Membership Application Form

[www.trailway.org](http://www.trailway.org)

Renewal       New Membership

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

\$25—1Year       \$100—5 Years

Please make cheque payable to “Elora Cataract Trailway Association” and  
Mail to: Elora Cataract Trailway Association, PO Box 13, Elora, ON N0B 1S0

## DONATION:

To give a donation please make cheque payable to either one of the foundations listed below. All donations to the foundations will receive an income tax receipt. The funds will flow back to the ECT for trail improvements and capital projects.

Credit Valley Conservation Foundation       The Grand River Foundation

Mail to: Elora Cataract Trailway Association, PO Box 13, Elora, ON N0B 1S0

VOLUNTEER:  I would like to VOLUNTEER, please contact me.

TRAIL CAPTAIN:  I would like to Trail Captain, please contact me.

We are looking for **pictures** of the trailway that we can use on the trailway website. If you have pictures you would like to contribute, email them to [general@trailway.org](mailto:general@trailway.org).

*Follow us on Twitter, Facebook & [www.trailway.org](http://www.trailway.org).*

05/07/18-W