



Elora Cataract Trailway Association Membership Application Form

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 2931, 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 2931, 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.

Follow us on Twitter, Facebook & www.trailway.org.

01/08/23-W