

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 _____

I would like to help ALDHA with: The Gathering Companion Field Editor Trail Work Publications Publicity ALDHA Care

Memberships are \$10 per calendar year or \$200 for a lifetime membership. Memberships processed after Sept. 30 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 Registration is \$20 per person

Children 17 and under are free! = \$ _____

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

Amount of donation: \$ _____ Total enclosed: \$ _____

How would you like your ALDHA publications delivered?
Newsletter- PDF in email (with color) Paper (B&W)
Membership- PDF in email (with color) Paper (B&W)
Directory
Go Green, PDF's reduce clutter and save money and trees.

If attending the Gathering, please mail your payment **no later than Sept. 1** to ALDHA, 10 Benning St., PMB 224, West Lebanon, NH 03784
rev.06/12

Make check out to ALDHA (not responsible for cash) and mail to:
Jill Byrd
ALDHA Treasurer
212 Lake Drive
Crimora, VA 24431
kickinbyrd@hotmail.com