

Dogwood Trailblazers Membership Application

Complete a separate application for each individual or each family.
All the fields in this form can be completed except the signature field.
Please print and then sign in the appropriate box. This form will not
be saved so it must be printed before you exit the form.

Name	
Names of Other Family Members	
Street	
City	
State	
Home Phone	
Work Phone	
Email	

Please select the appropriate box below and complete.

I am enclosing \$12.00 for an individual membership. I understand that I am responsible for my own safety.	
Date:	Signature:

I am enclosing \$12.00 for a family membership. I understand that I am responsible for my own and my family's safety.	
Date:	Signature: