



East Coast Greenway Alliance Mail-In Membership Form

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This is a:    \_\_\_ new membership            \_\_\_ renewal

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please select a membership level:**

- |   |  |
|---|--|
| <input type="checkbox"/> \$25 – Student     | <input type="checkbox"/> \$500 – Trailblazer                 |
| <input type="checkbox"/> \$40 – Individual  | <input type="checkbox"/> \$1000 – Close the Gaps Club        |
| <input type="checkbox"/> \$60 – Family      | <input type="checkbox"/> \$1500 – Individual Life Membership |
| <input type="checkbox"/> \$100 – Pathfinder | Additional donation amount: \$                               |

\_\_\_ Yes! I'd like to subscribe the ECG E-News!

\_\_\_ Yes! I'd like to help conserve resources. Please email the ECG Print News to me rather than sending it in the mail.

**How did you first learn about the ECG?**

- |  |   |
|--|---|
| <input type="checkbox"/> Received mailing  | <input type="checkbox"/> Through a web search                   |
| <input type="checkbox"/> Through an ECG brochure, newsletter, or other publication | <input type="checkbox"/> Link from another site                 |
| <input type="checkbox"/> Story in the media  | <input type="checkbox"/> At an event                            |
| <input type="checkbox"/> Through a club or advocacy group                          | <input type="checkbox"/> From an ECGA volunteer or staff member |
| <input type="checkbox"/> From a friend or family member                            | <input type="checkbox"/> Other. Please provide details:         |

**Payment Information:**

*Please enclose a check payable to ECGA, or fill out the credit card information:*

Name as it appears on card:

Credit Card Number:

Expiration date:

*Please fill out this form and mail it to: ECGA, 27 North Road, Wakefield, RI 02879*