Date _____

☐ I (We) would like to become a member of the Westmoreland Heritage Trail as indicated below…

☐ I (We) would like to renew my membership in the Westmoreland Heritage Trail as indicated below…

☐ Yearly Individual $20 ☐ Ten-Year Individual $150 ☐ Lifetime Individual $200
☐ Yearly Family $30 ☐ Ten-Year Family $250 ☐ Lifetime Family $ 300
☐ Yearly Non-Profit Club, Group or Organization $50

In addition, I (We) would like to contribute $_____ to the Trail.

Name_____

Address_____

City_____ State_____ Zip_____

Email_____

Phone_____

I'd like to help with: ☐ Trail Maintenance ☐ Events ☐ Public Relations
☐ Membership ☐ Trail Monitoring

Please make check payable to: Westmoreland Heritage Trail

Mail to: Westmoreland Heritage Trail
P.O. Box 184
Claridge, PA 15623

Rev. 11.10.25 wd