

Mountain Bluebird Trails, Inc.



Membership & Renewal Application

Name	
Address	
City	
State/Zip	
Phone	
E-Mail	

Category

Individual \$10.00
 Student \$5.00
 Life \$200.00

Family \$15.00
 Group \$30.00
 Gift \$ _____

I would be interested in the following:

- Regional coordinator position
 Assisting with the annual conference
 Workshop in my area
 Serving on a committee
 Other

Please make checks payable to: Mountain Bluebird Trails

Mail to: **Mountain Bluebird Trails
Membership Office
600 Central Avenue Suite 320
Great Falls, MT 59401-3179**

THANK YOU FOR JOINING MOUNTAIN BLUEBIRD TRAILS!!!!