



Polly Ann Trail Membership Application Form

Name _____	Corporate:	\$1000
Company Name _____	Sustaining:	\$500
Address _____	Contributing:	\$250
City, State, Zip _____	Supporting:	\$100
Phone _____	Individual:	\$25
Fax _____	Student/Senior \$	_____
Email _____	Other	\$ _____
TOTAL ENCLOSED \$ _____		

Method of Payment:

Check: # _____

Send Application & Payment to:

Polly Ann Trailway Management Council, Inc.
23 E. Elmwood
P.O. Box 112
Leonard, MI 48367

- This is a new membership.
- Please add my email address to your newsletter list for notification of trail news and events!
- Please contact me about volunteer opportunities.
- I am not able to join at this time, but please send me trail news via email.
- You may list my name as a contributor to the Polly Ann Trail
- I would like to remain anonymous (If no box is checked, your name may be listed).

Questions? Call 248-969-8600 or email lois@pollyanntrailway.org

Please visit www.pollyanntrailway.org for current news and latest information or to add your email address to our member notification list.