



2017 - 2018 Annual Memberships

Name:
Address:
City, State, Zip:
Phone:
Email Address:

For Office Use	
Only US Cash:	_____
Canadian Funds:	_____
Check #	_____
Paypal Date:	_____
Amount :	_____
Deposit Date:	_____

For family memberships, enter the immediate family members living in your household eligible to receive cards.

_____	_____	_____	_____
_____	_____	_____	_____

FULL MEMBERSHIP

Nov 1, 2017 - Oct 31, 2018

- Adult, **19 and over** (\$60.00) Family (\$150.00)
- Youth, **under 19** (\$30.00) UMFK Student with **Current ID (\$30)**

Which activities do you enjoy?

- Walk/Run/Jog/Hike Ski Snowshoe
- Roller Ski/Blade Bike Biathlon

Would you like to make an additional donation to support the Fort Kent Outdoor Center?

Donation Amount: _____

Display donor name as _____ or Anonymous

Apply donation to: Trail Improvement Fund

Unrestricted Use Membership Assistance Fund

Membership Amount: _____ Total Amount Due: _____

Please make checks payable to the **Fort Kent Outdoor Center**

I recognize that recreational activities can be hazardous, and I will not hold the Fort Kent Outdoor Center, its officers, members, or affiliates responsible when taking part in club functions or while using club facilities. I also recognize that my signature covers all members listed on this form.

Signed: _____ Date: _____