



APPLICATION

CONTACT INFORMATION

NAME _____

EMAIL ADDRESS _____

PHONE NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TRAIL USAGE

How often will you hike on Kanuga property? Please fill in the blank that best describes your use.

____ TIMES PER YEAR

____ TIMES PER MONTH

How many people in your household (with a maximum of 4 adults) will be utilizing your membership?

____ ADULTS

____ CHILDREN

Please list each person's name, age, and contact information (children must be accompanied by a parent or guardian)

NAME _____ AGE _____ EMAIL or PHONE _____

NAME _____ AGE _____ EMAIL or PHONE _____

NAME _____ AGE _____ EMAIL or PHONE _____

NAME _____ AGE _____ EMAIL or PHONE _____

NAME _____ AGE _____ EMAIL or PHONE _____

NAME _____ AGE _____ EMAIL or PHONE _____

MEMBERSHIP COMMITMENT

I will pay my annual membership fee of \$125 in the following way:

____ Online at www.kanuga.org/trails/

____ Check (please make out to Kanuga Conferences)

Additional donation amount: _____

AGREEMENT & SIGNATURE

I, _____ understand the trail use policies of Kanuga Conferences, Inc. and, as a member of the Kanuga Trails Conservancy, agree to abide by these terms and to act as a good steward of the land.

SIGNATURE _____ Date _____

Please return this form either by mail or in person to
Kanuga Conferences, 130 Kanuga Chapel Drive, Hendersonville, NC 28739
or Email to KTC@kanuga.org