



APPLICATION

CONTACT INFORMATION

NAME _____

DATE OF BIRTH _____

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 5 adults) will use your membership?

____ ADULTS

____ CHILDREN

Please list additional people below (children must be accompanied by a parent or guardian):

NAME _____ DATE OF BIRTH _____ PHONE _____

NAME _____ DATE OF BIRTH _____ PHONE _____

NAME _____ DATE OF BIRTH _____ PHONE _____

NAME _____ DATE OF BIRTH _____ PHONE _____

NAME _____ DATE OF BIRTH _____ PHONE _____

MEMBERSHIP COMMITMENT

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

____ Online at www.kanuga.org/trails/

____ Check (made out to Kanuga)

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 _____