



MEMBERSHIP FORM

Trail of Tears Association

1100 N. University, Suite 143
Little Rock, AR 72207-6344

January – December for the year of _____

Name Mr. Mrs. Ms. _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (Day) _____ **(Night)** _____

Email _____

State chapter(s) (Circle): Alabama Arkansas Georgia Illinois Kentucky
Missouri North Carolina Oklahoma Tennessee

<p><u>Membership Levels:</u> Basic Individual — \$25 – \$99 Sponsor — \$100 – \$499 Patron — \$500 – \$999 Benefactor — \$1000+ Student — \$10 (enclose copy of valid college student ID or, for minors, birth certificate)</p>	<p>All levels of membership include one state chapter affiliation. Please send \$10 for each additional state chapter affiliation. Sponsors, Patrons, & Benefactors are also listed prominently on the TOTA website and in two issues of the <i>Trail News</i> newsletter.</p>
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Membership — \$25 + \$ _____ = \$ _____ (This subtotal indicates membership level.)
(Extra Donation)*

of additional chapters _____ x \$10 = \$ _____

TOTAL ENCLOSED = \$ _____

*Of this extra donation, please give \$ _____ to TOTA, and \$ _____ to the _____ state chapter.

TOTA Office Use Only:

Receipt Number _____ **Expiration Date** _____

Check Number _____ **Amount Paid \$** _____ **State Chapter(s)** _____

Received by _____ **Date** _____

Accounting _____