GWTA Membership Application

Memberships: Individual: Family:	1 Year \$50 \$50	2 Years \$100 \$100	3 Years \$125 \$125	NEW (Anyone who has never been a member) RENEWAL: Mem #	
(A family membership co	•	·	·	(Anyone who has been a member at any time should choose renewal)	
Last First Last First Last First Last First Last First				Mail completed form to: GWTA Membership Services P.O. Box 24390 Belleville, IL 62223 1-800-960-GWTA (4982) 317-243-6822 Email: membership@gwta.org	
Last Mailing Address _			Make checks Payable to: GWTA		
Home Ph	(emai	Othe	r Ph	Other brand (specify) I wish to participate in the Blue Line and the services I can provide are as follows: A – Bike/Trailer Pickup B – Phone Calls	
Membership dues \$ for years I would also like to make a donation of \$ to Helping Hands Total \$ (Please make checks payable to GWTA) The following information must be filled out if paying by credit card: VISA.MC/AMEX				Blue Line at the moment. Please assign me to chapter In the state/province of	
Exp Date Billing Address Authorization Sign	nature		Zip Membership #		