NATURAL BRIDGE APPALACHIAN TRAIL CLUB  
Application for Membership

I (We) would like to become a member of the Natural Bridge Appalachian Trail Club. I (We) will support the Club in the maintenance and use of 90+ miles of Appalachian Trail between the Tye River and Blackhorse Gap, as well as numerous side trails, shelters, privies, and other structures.

The Natural Bridge Appalachian Trail Club was organized in 1930, and continues today, with the following objectives:

- Construct and maintain the Appalachian Trail, other foot trails, and supporting structures
- Organize hike excursions and provide hike leaders on such trails or in other areas
- Conduct educational activities related to the need for preserving areas suitable for outdoor recreation

Print Name(s)________________________________________________________________

Phone Number(s)_______________________________________________________________

Address_______________________________City_________________State____Zip________

Email Address(es)_______________________________________________________________

Type Member:  ____Individual ($15 annual)  ____Family ($25 annual)  ____Lifetime ($250 each)

Total Amount Paid:  ___________

Please note – The Club membership year (and dues renewal) runs from October 1 to September 30. If you are a new member joining after March 31, your initial membership will run through September 30 of the following year.

I (We) recognize that NBATC is a volunteer organization, and desire to contribute to meeting the Club’s objectives now or sometime in the future. My (Our) current interests and potential volunteer efforts are as follows:

Maintenance:  ____Appalachian Trail and side trails  ____Structures  ____Equipment and tools
Hiking:  ____Easy hikes  ____Moderate hikes  ____Strenuous hikes  ____Family hikes  
        ____Specialty hikes (wildflowers, trees, etc.)  ____Hike leader  ____Hike planning
Educational:  ____Public Relations/Outreach  ____Newsletter/Website  ____Ecology  
        ____History  ____Guidebook
Board and Administrative:  ____Officer/Director  ____Finance  ____Database  ____Programs

Signature(s)___________________________________________________Date___________

Mail this application and your check for dues to NBATC, P.O. Box 3012, Lynchburg, VA 24503