

# MEMBERSHIP APPLICATION

Walkway Over the Hudson  
Join or Renew

Primary Household Member: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Pet Name (If Pet membership): \_\_\_\_\_

Additional Household members (If Family membership):

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

## Membership Level

Pet (\$25)  Individual (\$40)  Family (\$75)

Enhanced Individual/Family (\$100)  Supporter (\$250)  Advocate (\$500)

This membership is a gift! Your name & email: \_\_\_\_\_

## Payment

My check is enclosed (*Make payable to Walkway Over the Hudson*)

Charge my card:      MasterCard      VISA      AMEX      Discover

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Verification Code: \_\_\_\_\_ Signature: \_\_\_\_\_

Renew my membership annually