

Friends of the Panhandle Pathway, Inc.

WINAMAC—STAR CITY—THORNHOPE—ROYAL CENTER—KENNETH

Date: _____

Name: _____

Address: _____

City, State Zip: _____

Home Phone: _____

Alternate Phone: _____

Cell Phone: _____

Email: _____

Interests: (Circle as appropriate)

- Walking, Running, Jogging, Bicycle, Horseback, Outdoors, Nature, Birds, Wildlife, Trees, Landscape, Records, Fundraising, Community Relations.
- Other: _____

How would you like to participate? (Circle as appropriate)

- Trail Maintenance, Record keeping, Planning, Grant writing, Web maintenance, Financial management, Community involvement, Fund raising, General activities, General, Encouragement, Sponsorship.
- Other: _____

Donation:

- \$20 per year, Jan 1 to Dec 31

Send to: Friends of the Panhandle Pathway, Inc.

P.O. Box 153, 623 W. 11th St. Winamac, IN 46996

Record Number: _____

Meeting Record- Date: _____

Amount Received- Date: _____

Friends card provided- Date: _____

Secretary: _____