

# MOUNT TAHOMA TRAILS ASSOCIATION

## MEMBERSHIP FORM


LAST NAME *	FIRST NAME *	DATE *
COMPANY OR ORGANIZATION NAME		
E-MAIL ADDRESS *	PRIMARY PHONE *	SECONDARY PHONE
STREET ADDRESS *	CITY *	STATE/ZIP CODE *
* required field		
Please indicate the membership you would prefer:		Please make your check** payable to MTTA and send it with this form to:
<input type="checkbox"/> \$25 Individual (annual) <input type="checkbox"/> \$35 Family (annual)		MTTA, PO Box 206, Ashford, WA 98304 <b>**You may epay online using the DONATE link at <a href="https://skimtta.org">https://skimtta.org</a></b>
To help MTTA, I am enclosing an additional gift of \$_____		

Mount Tahoma Trails Association is a non-profit, charitable organization qualified under Section 501(c)(3) of the Internal Revenue Code. Membership dues and donations may be deductible for income tax purposes as charitable contributions to the extent permitted by law.

FOR ADMINISTRATIVE PURPOSES ONLY		
Date received:	Received by:	Amount:

PO Box 206, Ashford, Washington 98304 / 360-569-2451 / skimtta.org

If you would like a paper copy receipt for your donation, please fill out the information below.

	<h2>CHARITABLE CONTRIBUTION RECEIPT</h2>
PO Box 206, Ashford, Washington 98304 / 360-569-2451 / skimtta.org	
This is to acknowledge and express appreciation for a contribution made on _____ in the amount of \$_____	
<i>date</i> <i>circle one: cash / check / epay</i>	
received from _____ . No goods or services were provided in return for this gift.	
<i>full name</i>	
Mount Tahoma Trails Association is a non-profit, charitable organization qualified under Section 501(c)(3) of the Internal Revenue Code.	
Received by: _____	