



MEMBERSHIP FORM

Trail of Tears Association

1100 N. University, Suite 143
Little Rock, AR 72207-6344

January – December
for the year of _____

Name Mr. Mrs. Ms. _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (Day) _____ **(Night)** _____

Email _____

State chapter(s) (Circle): Alabama Arkansas Georgia Illinois Kentucky
Missouri North Carolina Oklahoma Tennessee

Membership Levels:

Basic Individual ô \$25 ó \$99

Sponsor ô \$100 ó \$499

Patron ô \$500 ó \$999

Benefactor ô \$1000+

Student ô \$10 (enclose copy of valid college student ID or, for minors, birth certificate)

All levels of membership include one state chapter affiliation.
Please send \$10 for each additional state chapter affiliation.
Sponsors, Patrons, & Benefactors are also listed prominently in two issues of the *Trail News* newsletter.

Membership ô \$25 + \$ _____ = \$ _____
(Optional Donation)*

of additional chapters _____ x \$10 = \$ _____

TOTAL ENCLOSED = \$ _____

* Of this optional donation, please give \$ _____ to TOTA, and \$ _____ to the _____ state chapter.

TOTA Office Use Only:

Receipt Number _____ **Expiration Date** _____

Check Number _____ **Amount Paid \$** _____ **State Chapter(s)** _____

Received by _____ **Date** _____