# NEW MEMBER REGISTRATION

Date: _____

Name: _____

Mailing address: _____

City, state, zip: _____

Primary phone number(s): _____

Email address: _____

*Annual membership is $12 for an individual, couple, or family with children in the same household. Please make your check payable to* TRIANGLE TRAILBLAZERS *and mail to:* Triangle Trailblazers Treasurer, 1132 Bell Heather Road, Durham, NC, 27703