



American Discovery Trail Society

YES! I wish to join or renew my American Discovery Trail Membership at the following level:

- \$30 Explorer Member**
- \$50 Family Member**
- \$100 Discovery Member**
- \$1,000 Life Member**

I also wish to make an additional donation of: _____

Total for membership and donations: _____

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

- Enclosed is my check.
- Please charge my credit card.

Credit Card Type: Visa Mastercard AMEX Discover

Credit Card Number: _____ Exp. Date: _____

Security Code: _____ (3 digit number on the back of card, usually in the signature line)

Signature: _____

Thank you. Please return this form to:
American Discovery Trail Society • PO Box 20155 •
Washington, DC • 20041
FAX 540-720-5489