



2022 ATIS MEMBERSHIP FORM

Please mail your completed form + enclosed check to:
ATIS, PO Box 565, Keene Valley, NY 12943 • Please make checks payable to: ATIS
== OR ==

Donate via PayPal: Go to the "Donate" tab on the ATIS website (www.atistrail.org)
 Check here if you are making your contribution via PayPal

All contributions are fully tax-deductible. Many employers match contributions; please check with yours.

NAME _____ (as you would like ATIS mail addressed)

ADDRESS LINE 1 _____ LINE 2 _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ PHONE _____

ANNUAL MEMBERSHIP CONTRIBUTION

Your Annual Membership contribution supports the ATIS Junior and Adult programs, plus the maintenance of over 100 miles of trails and bridges in the St. Hubert's area for daily use by all. Thank you for your generosity.

MEMBERSHIP CATEGORY

- Benefactor \$1,000
- Patron \$500
- Sponsor \$300
- Family \$150
- Individual \$75

AMOUNT

Membership Contribution:
\$ _____

JUNIOR PROGRAM CONTRIBUTION

Your Junior Program contribution helps to cover your child's/children's participation in this year's Junior Program. This suggested contribution is in addition to the \$150 Family Membership above.

Children	1 Week	2 WKS	3 WKS	4 WKS	5 WKS	6 WKS	7 WKS	8 WKS
1	\$60	\$90	\$110	\$125	\$140	\$150	\$160	\$170
2	\$100	\$120	\$140	\$155	\$170	\$180	\$190	\$200
3 OR MORE	\$130	\$150	\$165	\$180	\$190	\$200	\$210	\$220

Junior Program Contribution:
\$ _____

Name of child(ren) participating this summer*	Age**	Date of Birth	Anticipated # weeks of participation	Is this your:
				<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Friend
				<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Friend
				<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Friend

*Please note: a **HEALTH INFORMATION AND PERMISSION TO TREAT FORM** must be submitted for each child prior to participating. Forms are available at www.atistrail.org. **For purposes of participation in ATIS programs which are limited to a certain age, a child's **AGE** is the age that the child will be on October 1, 2022.

OTHER CONTRIBUTION

Your support of ATIS helps keep our organization vibrant and thriving. Thank you for considering a gift in memory or in honor of someone special, or a gift to our endowment.

- In Memory of: _____
- In Honor of: _____
- Gift to the ATIS Endowment

Other Contribution:
\$ _____

TOTAL OF CONTRIBUTIONS: \$ _____