

Cimarron Cutoff Chapter of the
Santa Fe Trail Association
MEMBERSHIP FORM

DATE _____

NAME _____

STREET/RR ADDRESS _____

CITY, STATE, ZIP CODE _____

EMAIL ADDRESS _____

Do you belong to the national Santa Fe Trail Association? Yes _____ No _____

What are your special interests in our SFTA Chapter? (such as tours, programs, mapping, history, preservation etc.)

PLEASE ENCLOSE \$5.00 yearly dues and send, or give this form to:

(Make checks payable to: Cimarron Cutoff Chapter)

Jay Williams
Cimarron Cutoff Chapter of the SFTA
P. O. Box 993
Elkhart, KS 60950