

Heart of the Flint Hills Chapter of the
Santa Fe Trail Association
CHAPTER Membership form

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ email: _____

Special interests: _____

NEW _____ RENEWAL _____ FOR YEAR _____

YOUR MEMBERSHIP CATEGORY:

Family \$20 _____ Individual \$10 _____

Please mail the upper half of this form to:

Heart of the Flint Hills Chapter

P.O. Box 45

Council Grove, Kansas 66846

Memberships expire on December 31

The Santa Fe Trail Association bylaws encourage all chapter members to join the parent organization (SFTA). If you are not already a member, please mail this lower half of the completed form with your check, payable to SFTA, to:

Ruth Olson Peters, Treasurer

Santa Fe Trail Center

1349 K-156 Hwy

Larned, KS 67550

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ email: _____

Special interests: _____

NEW _____ RENEWAL _____ FOR YEAR _____

Member of these chapter(s): _____

Individual \$50/ year _____ Family \$65/ year _____ Patron \$100/ year _____ Business \$65/ year _____

Non-profit Institution \$65/ year _____ Youth (18 & under) \$5/ year _____

Lifetime Member \$1000 (1-time or 4 payments over 4 years) _____

Memberships expire on December 31