

Wet/Dry Routes Chapter of the Santa Fe Trail Association
MEMBERSHIP FORM

DATE _____

NAME _____

STREET

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.)

Individual - \$ _____

Family - \$ _____

Institutional - \$ _____

Make checks payable to: Wet/Dry Routes Chapter

Mail to: Alice Clapsaddle, 1106 W. 16th, Larned, KS 67550