HEART OF THE FLINT HILLS
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 trail ride, mapping, history, etc.)

_____

_____

PLEASE ENCLOSE ONE OF THE FOLLOWING:

$5.00 per person_____
$10.00 per family_____
$5.00/newsletter only____

Please send, or give this form to:

Joleen Day
PO Box 45
Council Grove, KS 66846