



# Trail of Tears Association

Annual Membership Dues  
(January 1 – December 31, \_\_\_\_)\*

**Sponsors, Patrons, & Benefactors** are listed prominently in two issues of the *Trail News* newsletter and on the TOTA website (includes donation amount).

(Circle one) Mr. Mrs. Ms.

Day Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Circle Chapter Affiliation(s): **AL AR GA IL KY**

City/State/Zip: \_\_\_\_\_

**MO NC OK TN**

<b>1. MEMBERSHIP LEVEL</b>			<b>Line 1 total here ▶</b>	\$
<input type="checkbox"/> <b>Basic</b> \$25 – \$99	<input type="checkbox"/> <b>Sponsor</b> \$100 – \$499	<input type="checkbox"/> <b>Patron</b> \$500 – \$999		
<input type="checkbox"/> <b>Benefactor</b> \$1000+	<input type="checkbox"/> <b>Student</b> \$10 (enclose copy of college ID or, for minors, birth certificate)			

+

<b>2. CHAPTER AFFILIATION(S)</b>			<b>Line 2 total here ▶</b>	\$	
<b>One chapter affiliation is free</b> with all memberships. Each additional chapter is \$10 each.					
<input type="checkbox"/> Alabama	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Georgia	<input type="checkbox"/> Illinois	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Missouri
<input type="checkbox"/> N. Carolina	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Tennessee	<input type="checkbox"/> Check this box if you do not want a chapter affiliation and just want a national membership.		
<b>3. TOTAL ENCLOSED</b> (check or money order)			<b>Add Lines 1 and Line 2 here ▶</b>	<b>for Total Amount Due</b>	\$

Enter "0" if selecting only one (1) state chapter

Check this box if you wish to receive a membership card.

Check this box if you wish to opt out of receiving a membership card.

If you have any specific donation requests or comments, state here:	<input type="checkbox"/> Check this box if you would like to receive your newsletters by E-mail rather than by the U.S. Postal Service.
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<b>TOTA OFFICE USE ONLY</b>					
Amt Paid \$ _____	Check # _____	Date Processed _____			
Expiration _____	Receipt # _____	State Chapter(s)	AL	AR	GA IL KY
Received by _____			MO	NC	OK TN
Accounting: _____					

### Send form and payment to:

Trail of Tears Association  
412 N Hwy 100 Suite "B"  
PO Box 329  
Webbers Falls, OK 74470

Questions? Call 918-464-2258

\* Renewals not received by March 1<sup>st</sup> will be removed from membership and mailing lists.