

Membership Application

NAME						
STREE	T AI	DDRESS:				
CITY: _				STATE:	_ZIP:	
PHON	E: _					
E-MAI	L: _					
Comp	lete	all that apply:				
	M	embership Year 🗆 Re	enewal 🗆 New N	1ember □ Send membersh	nip card (for local discount	ts)
	Ea	stman Retiree (Free) Em	ployee ID#:			
	Program Affiliate (\$10/year)					
	۱w	vant to receive a hardcopy	newsletter instead o	f the electronic version. (addition	al \$8/year as of 2025)	
	Do	onation/Other (Use Other f	ield below for any re	quired detail)		
	An	nount Enclosed				
		•	, .	December. Regardless of the menew by the end of the year to	, , , ,	ion.
	c/c	c Eastman Recreation Cl		Mail application and check to	:	
		, Tennessee 37662				
		Check areas y	ou are interested i	n contributing your time and t	alents:	
		Trail Maintenance		Other:		
		Hiking Trip Leader				
		Daddling Trip Loador				

Steering Committee

Non-Steering Committee Position

THIS SECTION FOR OFFICIAL USE ONLY

TY DB DWL DNL DMC