

SIMON KENTON PATHFINDERS
2019 MEMBERSHIP FORM

Check one:

- Family Membership (\$25 Year)
 Individual Membership (\$15 Year)

In addition to dues:

I have enclosed the
following donation to SKP
\$ _____

Name(s) _____

Address _____

Phone _____ **E-mail** _____

**Please make check payable to Simon Kenton Pathfinders and mail to Simon Kenton Pathfinders, P.O. Box 91, Urbana, Ohio 43078, or bring to an SKP meeting (1st Thursday of each month, 7pm, at Urbana Station Depot, 644 Miami St, Urbana, all members encouraged to attend) Your information will remain confidential.*

Please tell us how you would like serve (Check as many as apply):

- | | |
|--|--|
| <input type="checkbox"/> I will help with fundraiser | <input type="checkbox"/> I would like to make a donation |
| <input type="checkbox"/> I would like to be an officer | <input type="checkbox"/> Other |
| <input type="checkbox"/> I will help with trail maintenance | |
| <input type="checkbox"/> I will serve on a calling committee | <input type="checkbox"/> I cannot help at this time |