



PO Box 6873, Oak Ridge, TN 37831

tcwp.org

Membership Form

Name _____

Additional Names _____

Street Address _____

City _____ State _____ ZIP _____

Email Address _____

Primary Phone _____ Secondary Phone _____

Membership Level:

- Name your own Intermediate Rate (>\$15) _____
- Student/ Senior (low budget).....\$15.00
- Individual.....\$25.00
- Family\$35.00
- Supporting member.....\$100.00
- Sustaining member.....\$250.00
- Giving Circle.....\$1,00.00

I **prefer to receive a black & white copy** of the TCWP newsletters **mailed via USPS** instead of an **emailed color copy**.

Thank you for becoming a member of TCWP. With your support, TCWP will be able to continue to advocate for the protection of wild areas so that they may exist for future generations to enjoy. Your support also enables us to continue our efforts to protect areas through trail maintenance and exotic invasive species controls and offer outings and special events to educate and encourage the preservation and protection of our wild areas.

Please remit payment to:
TCWP
PO Box 6873
Oak Ridge, TN 37831

