



2011 MID OHIO SAUGEYE TRAIL MEMBERSHIP FORM

Name _____

Mailing Address _____

City _____

State _____

Zip Code _____

Daytime Phone _____

Cell Phone _____

E-mail _____

Membership is **\$30.00** per person per year

Membership Paid in Full

Please send to : **Mid Ohio Saugeye Trail**
 726 Mayfield Dr.
 Marion, Ohio 43302