



CROSS STATE TRAIL RIDE, INC. MEMBERSHIP RENEWAL FORM

MEMBERSHIP RENEWAL FOR THE YEAR _____

NAME _____ E-MAIL _____

ADDRESS _____

Zip code _____

Phone _____ Membership type ___ family (\$45) or ___ individual (\$35)

LIST THE NAMES OF ALL FAMILY MEMBERS & AGES OF JUNIORS includes children under 18 (or under 21 if in school) Juniors who are past this age must convert to an individual membership.

The Cross State Website at www.cstronline.com will be your source for newsletter and general information. The August Ride application will continue to come in the mail. If you do not have access to the internet, please check below to receive your newsletters by postal mail

_____ I do not have access to the Internet -
Please continue to forward my information by postal mail.

PLEASE NOTE THAT THIS FORM CANNOT BE USED TO APPLY FOR MEMBERSHIP AND IS ONLY FOR RENEWAL FOR CURRENT MEMBERS.

**PLEASE DO NOT BRING YOUR DUES WITH YOU TO THE ANNUAL MEETING.
THEY MUST BE MAILED TO THE CORRESPONDING SECRETARY.**

Dues must be paid by *April 1* or you will **forfeit** your membership.

MAIL DUES AND ADDRESS CHANGES TO:

ELAINE CAPORIZZO, 672 PLAINFIELD ROAD, N. SCITUATE, RI 02857