

Pioneer Valley Hiking Club

Membership Form

JOIN THE CLUB!



Circle Membership Type:

Individual (\$25) Family (\$40) Student (\$15)

Return this Form with a check made out to Pioneer Valley Hiking Club (PVHC) to:

Pioneer Valley Hiking Club
P.O. Box 225
West Springfield, MA 01090

Date: _____

Name: _____

Address: _____

Phone (home): _____ Phone (cell): _____

eMail Address (to receive regular communications): _____

Check here if you do not want your name, address and phone number listed in the PVHC directory. (The directory is published annually in December.)

My favorite hiking areas are: _____

I am willing to lead hikes.

I am willing to assist with trail maintenance.

Topics I would like to see presented at monthly PVHC meetings: _____

I would be willing to present a clinic / program on: _____

It is the PVHC's policy that all information will be collected for the PVHC use only. All personal member information is confidential, unless a PVHC member voluntarily releases that information to other PVHC members.