

Pioneer Valley Hiking Club

Membership Form

JOIN THE CLUB!



Check 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 address, phone number and email address 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.