



PWTS MEMBERSHIP APPLICATION

Name _____ Mailing Address _____

City _____ State _____ Zip _____

Date _____

Phone _____ E-mail _____

(If family membership) Names of others in your household _____

How did you hear about us? _____

May one of our Directors contact you directly? _____

Membership Fees:

Individual: \$20 _____

Household: \$25 _____

Other contribution: ____ _____

Please mail completed application and your check to:

PWTS Coalition

3594 Wanda Court

Woodbridge, VA 22193

100% of membership fees are for direct program expenses.

What Passive Public Recreational opportunities are you interested in seeing throughout Prince William County? (Circle as many as you like)

Walking Hiking Jogging Horseback Riding

Fishing Canoeing/Kayaking Biking

Bird Watching Nature/Environment

Historical Trails Other (Please List) _____

THANK YOU AND WELCOME!

www.pwtsc.org