

Please return to:

**Nebraska Wander Freunde Trailblazers
P.O. Box 8147
Omaha, NE 68108**

MEMBERSHIP APPLICATION

DATE

Family \$15.00

Single \$10.00

New

Renewal

Name: _____ Birthday (month/day) _____

Address: _____

City, State _____ Zip: _____

Other Family Members (name and birthdays)

Anniversary _____ Phone: _____

E-mail: _____

Will you Volunteer: (training available) Yes

No

Membership will run one year from application date