



Nova Scotia Trails Federation Community Group Member Application Form



Organization Name: _____

Municipality: _____

Mailing Address: _____

Town/City: _____ Postal Code: _____

Province: _____ Phone: _____

Email: _____ Website: _____

Facebook: _____ Twitter: _____

Instagram: _____ YouTube: _____

By signing below you acknowledge that you have read and accept the Nova Scotia Trails Federation's Risk Management Policy.

Name of Chair (print): _____

Signature: _____

Email: _____

Phone: Home _____ Cell _____

Treasurer (print): _____

Signature: _____

Email: _____

Phone: Home _____ Cell _____

Have you included the following in your application?

(CHECK LIST)

Brief description of your organization's trail development plan and map

List of the declared activities of your organization

Annual Fee (Membership: \$200 + \$30 HST and Organizational Insurance: \$100 for a total of \$330) _____

Nova Scotia Registry of Joint Stock Registration Number: _____

Submit this form to:

NS Trails
5516 Spring Garden Road
4th Floor Halifax, NS B3J 1G6
vanda@novascotiatrials.com

NS Trails gratefully acknowledges the support of:



For Office Use Only

Date Received: _____

Date Approved: _____