



Nova Scotia Trails Federation Associate 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/CAO (print): _____

Signature: _____

Email: _____

Phone: Work _____ Cell _____

Treasurer (print): _____

Signature: _____

Email _____

Phone: Work _____ Cell _____

Have you included the following in your application?

(CHECK LIST)

- Brief description of your organization and reason for applying
- Annual Fee (\$200 + \$30 HST for a total of \$230)
- Nova Scotia Registry of Joint Stock Registration Number: _____
- Proof of General Liability Insurance with NS Trails added as an additional insured

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: _____