



Trail of Tears Association

Annual Membership Dues
(January 1 – December 31, 2021)*

Sponsors, Patrons, & Benefactors are listed prominently in two issues of the *Trail News* newsletter and on the TOTA website www.nationaltota.com (includes donation amount).

(Circle one) Mr. Mrs. Ms.

Day Phone: _____

Name: _____

Email: _____

Address: _____

Circle Chapter Affiliation(s): **AL AR GA IL KY**

City/State/Zip: _____

MO NC OK TN

| | | | | |
|--|---|--|----------------------------|----|
| 1. MEMBERSHIP LEVEL | | | Line 1 total here ▶ | \$ |
| <input type="checkbox"/> Basic \$25 – \$99 | <input type="checkbox"/> Sponsor \$100 – \$499 | <input type="checkbox"/> Patron \$500 – \$999 | | |
| <input type="checkbox"/> Benefactor \$1000+ | <input type="checkbox"/> Student \$10 (enclose copy of college ID or, for minors, birth certificate) | | | |

+

| | | | | | |
|--|-----------------------------------|------------------------------------|---|-----------------------------------|-----------------------------------|
| 2. CHAPTER AFFILIATION(S) | | | Line 2 total here ▶ | \$ | |
| One chapter affiliation is free with all memberships. Each additional chapter is \$10 each. | | | | | |
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Arkansas | <input type="checkbox"/> Georgia | <input type="checkbox"/> Illinois | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Missouri |
| <input type="checkbox"/> N. Carolina | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Tennessee | <input type="checkbox"/> Check this box if you do not want a chapter affiliation and just want a national membership. | | |

Enter "0" if selecting only one (1) state chapter

| | | |
|---|---|----|
| 3. TOTAL ENCLOSED (check or money order) | Add Lines 1 and Line 2 here ▶ for Total Amount Due | \$ |
|---|---|----|

Check this box if you wish to receive a membership card.

Check this box if you wish to opt out of receiving a membership card.

| | |
|---|---|
| If you have any specific donation requests or comments, state here: | <input type="checkbox"/> Check this box if you would like to receive your newsletters by E-mail rather than by the U.S. Postal Service. |
|---|---|

| | | | | | |
|-----------------------------|-----------------|--|--------------------|--|--|
| TOTA OFFICE USE ONLY | | | | | |
| Amt Paid \$ _____ | Check # _____ | Date Processed _____ | | | |
| Expiration _____ | Receipt # _____ | State Chapter(s) AL AR GA IL KY | | | |
| Received by _____ | | | MO NC OK TN | | |
| Accounting: _____ | | | | | |

Send form and payment to:

Trail of Tears Association
PO Box 329
Webbers Falls, OK 74470

Pay on website www.nationaltota.com

Questions? Call 918-464-2258

* Renewals not received by March 1st will be removed from membership and mailing lists.