

Tennessee Scenic Rivers Association, Inc. • Membership Application

New Member Renewal Change of address or information Do not list in directory

Primary Member (will be listed in directory under this name)

Last name: _____ First name: _____ M. Initial: _____

Street: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ email: _____

Additional Members in same household. (no additional charge, each person must be listed on this form to be included)

Last name: _____ First name: _____ M. Initial: _____

email: _____ Phone: _____

Last name: _____ First name: _____ M. Initial: _____

email: _____ Phone: _____

Last name: _____ First name: _____ M. Initial: _____

email: _____ Phone: _____

Last name: _____ First name: _____ M. Initial: _____

email: _____ Phone: _____

Send my newsletter via email << or >> I want my paper newsletter mailed

Please send your payment of \$25 for one year membership and this completed application to:
TSRA, Inc., P.O. Box 159041, Nashville, TN 37215-9041