

**Please return to:**

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

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**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)

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Anniversary \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Will you Volunteer: (training available)

Yes

No

Membership will run one year from application date