



Santa Fe Trail Membership Application

Date: _____

Name: _____

Address: _____

Phone: _____

E-mail: _____

AMCA Number: _____

Santa Fe Trail Member Number: _____

Annual dues are \$15.00 payable in January of each year. Annual membership fees will be adjusted based on time of membership sign-up.

Mail to:

Santa Fe Trail
4796 Highway K-33
Wellsville, KS 66092