

WALKWAY MEMBERSHIP **OVER THE HUDSON** APPLICATION

*Join or
Renew*

Date: _____
Primary Household Member: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Cell Ph: _____ Home Ph: _____

Additional Household members (If applicable):

Name: _____ Email: _____
Name: _____ Email: _____
Name: _____ Email: _____

Membership Level

☐ Individual (\$50) ☐ Household (\$100)
☐ Anchor (\$150) ☐ Conductor (\$250) ☐ Connector (\$500)

☐ Renew my membership annually

Payment

☐ Check (*Make payable to Walkway Over the Hudson*)

☐ Card: MasterCard VISA AMEX Discover

Card #: _____ Exp Date: _____

Verification Code: _____ Signature: _____

☐ Paid on bridge at pavilion

Date & time: _____ Ambassador Name: _____

Indicate pavilion location: EAST WEST Payment type: CASH CARD CHECK

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Rev 3/2023