



Sharing the Trail

# THE TRUSTEES OF RESERVATIONS GREEN DOGS PROGRAM PERMIT REGISTRATION AND MEMBERSHIP APPLICATION

### PLEASE CHECK ONE:

I am a current member of The Trustees of Reservations.

MEMBERSHIP NUMBER \_\_\_\_\_ MEMBERSHIP LEVEL \_\_\_\_\_

CURRENT MEMBERSHIP EXPIRATION DATE\*

\*Permits available only if membership is valid through March 31 or later.

I wish to join The Trustees of Reservations and receive my Green Dog permit(s).

Green Dog permits are valid from January 1 – December 31.

PLEASE RENEW/ENROLL ME AT THE FOLLOWING LEVEL:

INDIVIDUAL \$45     FAMILY \$65     CONTRIBUTING \$100

SUPPORTING \$150     1891 SOCIETY \$1,000

DOG WALKER NAME 1 \_\_\_\_\_

DOG WALKER NAME 2 \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DOG WALKER SIGNATURE 1 \_\_\_\_\_ DATE \_\_\_\_\_

DOG WALKER SIGNATURE 2 \_\_\_\_\_ DATE \_\_\_\_\_

**BY SIGNING ABOVE, I UNDERSTAND AND AGREE TO ABIDE BY ALL REGULATIONS OF THE GREEN DOGS PROGRAM. I ALSO CONFIRM THAT ALL NECESSARY DOG LICENSES AND VACCINATIONS ARE UP TO DATE.**

Please indicate the property that you and your dog visit most frequently \_\_\_\_\_

\_\_\_\_\_  
DOG NAME 1 PERMIT NUMBER

BREED \_\_\_\_\_ COLOR \_\_\_\_\_ SEX:  F  M

TOWN / CITY \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

\_\_\_\_\_  
DOG NAME 2 PERMIT NUMBER

BREED \_\_\_\_\_ COLOR \_\_\_\_\_ SEX:  F  M

TOWN / CITY \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

**The Trustees require a second dog walker and a family level membership or above for more than 2 permits.**

\_\_\_\_\_  
DOG NAME 3 PERMIT NUMBER

BREED \_\_\_\_\_ COLOR \_\_\_\_\_ SEX:  F  M

TOWN / CITY \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

\_\_\_\_\_  
DOG NAME 4 PERMIT NUMBER

BREED \_\_\_\_\_ COLOR \_\_\_\_\_ SEX:  F  M

TOWN / CITY \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

### PAYMENT METHOD:

CHECK     CASH     AMEX     DISCOVER     MC     VISA

CREDIT CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CVV CODE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

\$ \_\_\_\_\_  
TOTAL CONTRIBUTION

### PLEASE RETURN APPLICATION TO:

The Trustees of Reservations ■ Membership Office ■ 572 Essex Street ■ Beverly, MA 01915  
tel 978.921.1944 ■ [www.thetrustees.org](http://www.thetrustees.org)