



Mail-In Membership Form

Thank you for joining Canalway's Pathfinder Membership Program. Please complete the form below and indicate the level of membership.

First Name _____ Last Name _____

Street _____ City _____ State _____ Zip _____

Cell Phone _____ (Do we have permission to text you? Circle: YES or NO)

Home Phone _____ Email _____

Date of Birth _____

Membership Level (Please Check Box)

- ☐ \$30
 - Early registration to events
 - Member recognition on website

- ☐ \$50
 - Early registration to events
 - Member recognition on website
 - Access to member-only events

- ☐ \$100
 - Early registration to events
 - Member recognition on website
 - Access to member-only events
 - Invitation to "Thank You" event

Signature _____ **Date** _____

Please make checks payable to Canalway Partners and mail, along with the completed form, to:

Canalway Partners PO Box 609420, Cleveland, Ohio 44109
Phone: 216-520-1825 | Email: bryce@canalwaypartners.com