



SOUTH FAYETTE T O W N S H I P

A Community Growing Together

Healthy Trails Committee Application

www.southfayettepa.com/healthytrails

Applicant Information

First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Complete this section if you are an employee representing a local business in South Fayette Township:

Company Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Why are you interested in being a member of the South Fayette Township Healthy Trails Committee?

Describe your present and past community involvement and/or interests (voluntary, social, professional).

My signature or electronic signature below acknowledges that I have read and agreed to the South Fayette Township Healthy Trails Committee guidelines.

Signature: _____ Date: _____

Please submit this application to South Fayette Township at sfadmin@sftwp.com or mail to:
South Fayette Township / 515 Millers Run Road / Morgan, PA 15064. Questions? Call 412-221-8700.