

The Model Railroad Club, Inc™

APPLICATION FOR FAMILY MEMBERSHIP

Fill in all blanks and answer each question as completely as possible.

Adult Member Name _____
 Address _____
 City, State, Zip _____
 Telephone Number (____) _____
 Emergency contact (____) _____
 Emergency contact Name _____
 Date of Birth ____/____/____ Check **the** scale you model → G HO N other_____

Additional Family Members

	Mo./ Yr.
Name _____	Date of Birth ____/____ Scale _____
Name _____	Date of Birth ____/____ Scale _____
Name _____	Date of Birth ____/____ Scale _____
Name _____	Date of Birth ____/____ Scale _____

What skills or talents can you use to contribute to The Model Railroad Club, Inc.?

Signature of Board of Director member receiving this application _____

\$10.00 Family Membership application fee. (To be submitted with application.)

The Board of Directors must wait at least one month before acting on this application. During that time the applicant must wear an "Applicant" badge, sign in at the Club Office, and meet with their Department Head for a department orientation. Upon acceptance by the BOD, regular dues will commence on the first day of the next month.

By submitting this application I agree to abide by the Constitution, By-Laws, and all other rules and standards in force at this time or adopted in the future by The Model Railroad Club, Inc. its departments or duly authorized functions. If accepted, I recognize that as a member of the Club I will bear an equal responsibility, with the other members, in assuring the safety and security of the Club, its members, and its visitors. I also agree that as a member I represent the Club and will conduct myself in a manner, which will not bring discredit to the Club. I agree that the Club depends on dues paid by its members and recognize that non-payment of dues will result in the termination of my membership as provided in the Constitution of the Club.

Applicant's Signature _____ **Date** ____/____/____

----- Do not write below this line -----

Action taken by the Board of Directors

Tabled date ____/____/____ Tabled date ____/____/____ Accepted/Rejected ____/____/____
 Remarks _____

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Treasurer's Coupon

Adult Member Name _____
 Address _____ Zip _____
 Telephone () _____ Emergency () _____
 Contact _____ Date of Birth ____/____/____ Scale G HO N _____
 Family Membership Initial _____ Membership Dept. _____