

VALLEY MODEL RAILROAD ASSOCIATION

MEMBERSHIP APPLICATION

NAME: _____ BIRTHDATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ PHONE: _____

MEMBERSHIP CATEGORY:

_____ SENIOR

_____ JUNIOR

List parent or guardian (must be a Senior Member or Senior Member applicant):

HOW LONG HAVE YOU BEEN IN MODEL RAILROADING? _____

HAVE YOU EVER BEEN IN A MODEL RAILROAD CLUB? (Y or N): _____

NAME OF CLUB: _____

FROM: _____ TO: _____

SIGNATURE: _____ DATE: _____

OFFICE USE:

First Reading: _____ *Accepted (Date):* _____

Key Issued (Date): _____ *Key Returned (Date):* _____

Notes: _____

Return completed form: (1) to an association officer; (2) by E-Mail to: RobertTOpal@aol.com; or (3) by U.S. Mail to: Membership Chairman, Valley Model Railroad Association, P. O. Box 1082, Elgin, IL 60121