

Date _____ Clerk _____ Location _____ Rec'd Packet? _____

MEMBERSHIP APPLICATION

Is this a: New Membership Renewal # _____

PLEASE CHOOSE YOUR MEMBERSHIP LEVEL:

- Fireman, \$80 (Family)
- Conductor, \$150 (Family)
- Engineer, \$300 (Family)
- Switchman, \$60 (Two individuals)
- Brakeman, \$45 (Individual)
- Senior Brakeman, \$35 (Individual, age 60+)
- Student Brakeman, \$35 (Individual, age 3-17)

PLEASE SELECT ANY "PLUS" OPTIONS (Family levels only):

- One adult, \$15 (limit one extra adult per membership)

Mr/Mrs/Ms _____
First Name M.I. Last Name

- # _____ of children X \$10 per child \$ _____

PLEASE TELL US ABOUT YOURSELF:

_____ # of Children ages 3-17 in Family (limit 4 per membership; additional children may be added with "PLUS" option above. Children under 3 are admitted free.)

Primary Member Information

Mr/Mrs/Ms _____
First Name M.I. Last Name

Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Home Work Cell

Email _____

Secondary Member Information (Family & Switchman levels)

Mr/Mrs/Ms _____
First Name M.I. Last Name

Mailing Preference

Please send renewal notices by Email Mail



FOUNDATION

PO Box 69, Spencer, NC 28159 704-636-2889 nctrans.org

Thank you for your support! A portion of your membership dues may be tax deductible. Please consult with your tax preparer.

Memberships are valid for 12 months from purchase. Please allow 3-4 weeks for processing. If you do not receive a card within 4 weeks, please email membership@nctrans.org or call 704-636-2889, ext. 228.

IS THIS MEMBERSHIP A GIFT?

Complete this section if this membership is a gift to someone else.

Mr/Mrs/Ms _____
Gift Giver's First Name M.I. Last Name

Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Home Work Cell

Email _____

Please send membership packet to: Me Gift Recipient

PAYMENT INFORMATION

Membership Dues \$ _____

"PLUS" Options \$ _____

Tax-Deductible Donation \$ _____

Total Payment \$ _____

Method of Payment:

- Check (Payable to NCTMF)
- Credit Card: Visa MasterCard Discover AmEx

Name on Card _____

Signature _____

Credit Card # _____

Exp. Date _____ Billing Zip Code _____