



Boothe Memorial Railway Society Membership Application

Name _____ (Must be 16 years of age)

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail _____

Emergency Contact Person _____ Relationship _____

Emergency Contact Phone _____

Do you have any skills/expertise that you are willing to contribute to BMRS?

How did you hear about BMRS? _____

Scale of interest: N ___ HO ___ S ___ O ___ G ___ Other _____

Collector _____ Operator _____

National Model Train related Memberships? _____

By submitting this application, I agree to abide by the Boothe Memorial Railway Society's By-laws and all rules and standards of the BMRS. I also agree that as a member, I represent BMRS and will conduct myself in a manner which will not bring discredit to the organization.

Signature _____ Date _____

Annual Dues (or any portion of the year) \$20