



Membership Application

Please print clearly. ALL CAPS is preferred for maximum legibility.

Applicant

Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Class

Regular (18+, \$20/month) **Junior** (Under 18, \$10/month) **Associate** (\$5/month)

Terms and Conditions

1. All new members must serve a Probationary Period of 6 months from the date of application submission. During the Probationary Period, I will uphold the goals and values of the Society, comply with the spirit and letter of all Society rules and regulations, and make a genuine effort to improve the welfare of the Society. Being accepted as a Society member is dependent upon my participation and efforts toward becoming oriented to the practices, customs, rules, and facilities of the Society.
2. The first month's dues for my membership class must accompany my application, and monthly dues are payable at the beginning of each month thereafter. If I am not accepted by the Society at the end of the Probationary Period, 50% of all dues paid will be refunded.
3. Before placing any of my personal locomotives or rolling stock on any Society layout, I will ensure that they meet the Society's standards and comply with the certification process.
4. If I place my models on a Society layout during operating sessions or exhibitions, I grant permission for other Society members to operate and/or handle them.
5. I agree to pay for any damage caused to the property of the Society or its members due to my negligence.
6. If my application is accepted, I agree to pay the following additional costs associated with being a member: Society Shirt (\$40), Name Badge (\$2)

Optional

I consent to my contact information being shared with other Society members.

Sponsorship

Required for Junior members

Sponsor Name _____ Applicant DOB _____

Sponsor Signature X _____

I am a Regular Member in good standing and agree to be responsible for the Applicant.

Certification

I have read, understand, and agree to the Terms and Conditions above.

Applicant Signature X _____ Date _____

BOD Review

Internal use only

Accepted Withdrawn Denied Date _____

Revised 11/6/2023