



RAPPAHANNOCK RAILROAD MUSEUM JOIN/RENEW

PLEASE TYPE OR PRINT LEGIBLY. FILL IN ALL APPROPRIATE DATA, SIGN AND DATE

NEW MEMBER _____ RENEWAL _____
(IF RENEWAL UPDATED INFORMATION Y N)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ + _____

EMAIL ADDRESS _____

(Use This address for MAIL POUCH Delivery? Y N)

If NO – Please provide another email for electronic delivery of the Mail Pouch _____

ADDITIONAL FAMILY MEMBERS _____

TELEPHONE _____

CONTACT INFORMATION CAN BE MADE AVAILABLE TO OTHER MUSEUM MEMBERS **ONLY** YES ___ OR NO ___

(CHECK "NO" IF YOU **DO NOT** WANT TO BE INCLUDED IN ANNUAL MUSEUM ROSTER SENT TO ALL MEMBERS. Unmarked is YES)

ANNUAL MEMBERSHIP

REGULAR (PRIMARY MEMBER) \$15.00 \$ _____

ADDITIONAL FAMILY MEMBERS \$1.00 EACH \$ _____

MUSEUM DONATION (All donations accepted as unrestricted) \$ _____

TOTAL ENCLOSED \$ _____

PLEASE REMIT TO: RAPPAHANNOCK RAILROAD MUSEUM
P. O. BOX 9088 FREDERICKSBURG, VA 22403-9088

I agree to abide by the By-Laws of the RAPPAHANNOCK RAILROAD MUSEUM:

SIGNATURE _____ DATE _____

THANK YOU FOR YOUR APPLICATION. MEMBERSHIP IS SUBJECT TO APPROVAL BY MUSEUM.