MEMBERSHIP APPLICATION
Make checks payable to ATRRM and mail to address at left OR join online at www.ATRRM.org

Legal Name of Organization: ____________________________________________________________

Mailing Address: ___________________________________________________________________

City: ____________________________  State/Province: _______  Postal Code: ________________

Name for Membership Certificate: ______________________________________________________

Site Address (if different): ____________________________________________________________

Phone: ___________________________  Web Site: ___________________________________________

Name of Contact Person for ATRRM: ____________________________________________________

Contact’s Email Address: ______________________________________________________________

(Circle One)  For Profit  Not for Profit

(Circle One) Corporation  Partnership  Sole Proprietorship  State Owned

Does your organization have paid staff? _____ Yes  _____ No

Does your organization operate _____ Railway Museum  _____ Tourist Railroad  _____ Both

Dues Schedule (Please check the accurate box)

Full Time Employee Count:

☐ 0 – 2 FT Employees  $300/year
☐ 3-10 FT Employees  $450/year
☐ 11 or more FT Employees  $600/year

I, the undersigned, affirm that the information contained in this application/renewal is correct to the best of my knowledge.

Printed Name  Signature  Date

Dues are paid annually on the anniversary date. There is a grace period of 30 days after which the membership and member benefits expire.