

Associate Membership Application

MEMBER NAME:	STATE: ZIP: ONE: ALTERNATE PHONE: DDRESS: DATE OF BIRTH:	
ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	ALTERNATE PHONE	: <u> </u>
EMAIL ADDRESS: DATE OF BIRTH:		
HAVE YOU EVER BEEN A	MEMBER OF MID-CONTINENT	?? □ YES □ NO
Please fill out this section if th	is membership is being purchased o	as a gift.
PURCHASER'S NAME:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL ADDRESS	
VOLUNTEER INTERESTS		
 □ wood car restoration □ exhibit design/modeling □ library/archives □ grant research/writing □ locomotive repair □ train crew 	☐ docent/greeter program ☐ car attendant ☐ magazine/newsletter writer ☐ photography ☐ track work ☐ electrical repairs	☐ general carpentry ☐ plumbing ☐ masonry ☐ welding ☐ machining ☐ office help
MEMBERSHIP DUES		
sign-up date). Make checks payal payment by credit card. Mail checks to: Mid-Continent R	640.00 per calendar year (membership ble to Mid-Continent Railway Muse tailway Museum, P.O. Box 358, North belivery of membership material. THAN	um or call 800-930-1385 to make Freedom, WI 53951-0358.
SIGNATURE		DATE