MEMBERSHIP APPLICATION

You must be over 18 years of age to apply for membership

Name:	Home Phone:
Address:	Home Fax:
City/State/Zip:	E-Mail:
Birthday:	Work Phone:
Emergency Contact:	Phone Number:
	Relationship:

In what manner did you hear of the club?

What is your experience in the hobby? (none required) _____extensive _____ varied _____ limited _____ none
Briefly describe your experience:

Do you have a special interest? (none required) _____electrical _____modeling _____ trackwork _____ scenery
Other areas of interest?

Comments:

Have ever been a member of this club or any other model railway club or rail organization(s)? _____ Yes _____ No
If yes please explain:

Did you leave the organization(s) in good standing? ____Yes ____ No

Have you read and understood the prerequisites for membership? ____ Yes
If you don't understand, please contact the membership chairman for clarification

_____	_____	_____
Applicant	Sponsor	Membership Chairman

Please forward completed application with $30 to SSMRC, P.O. Box 170, Hingham MA 02043-0170

Please do not write below this line - Office Use Only

Date Accepted: Date eligible for full Membership: