

# MEMBERSHIP APPLICATION

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

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address 1: \_\_\_\_\_ Home Fax: \_\_\_\_\_  
Address 2: \_\_\_\_\_ Home Email: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Personal Cell Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Contact's phone #: \_\_\_\_\_ Work Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Your Birthday: \_\_\_\_\_

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 \_\_\_\_\_ track work \_\_\_\_\_ scenery  
Other areas of interest?

Have you ever been a member of this club or any other model railway club or rail organization? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Have you left any organizations NOT in good standing? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes to either question please explain:

Comments:

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 along with \$50 processing fee to SSMRC, P.O. Box 170, Hingham MA 02043-0170**

Please do not write below this line - Office Use Only

Applicant \_\_\_\_\_ Date eligible for \_\_\_\_\_  
Date Accepted: \_\_\_\_\_ full Membership: \_\_\_\_\_ Processing Fee Paid: \_\_\_\_\_ Yes Date: \_\_\_\_\_