



Niagara Railway Museum Membership Form

Personal Information

First Name:	Last Name:
Street Address:	
City:	Postal Code:
Phone Number: ()	Email:

Memberships

Check One:

- Individual \$40 per year
Family (under 1 roof) \$50 per year

Tell Us About Yourself

Why do you want to join the Niagara Railway Museum?

What are your key areas of interest?

Are there any skills that you'd like us to be aware of?

Can You Attend Meetings? Yes No

What is your preference when being contacted? Email Phone

Museum Use Only

Date Received:

DD-MMM-YYYY

Payment By:

Member Number:

Membership Type: