



# Niagara Railway Museum Membership Form

## Personal Information

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

## Memberships

Check One:

Individual                      \$20 per year                     

Family (under 1 roof)      \$30 per year                     

How would you like to receive our newsletter:

Email

Regular Mail

## Tell Us About Yourself

Why do you want to join the Niagara Railway Museum?

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What are your key areas of interest?

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

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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: