FRIENDS OF THE NEVADA STATE RAILROAD MUSEUM MEMBERSHIP APPLICATION

Please print out this page, fill in the information, and send to:

Friends of the Nevada State Railroad Museum
P.O. Box 1330
Carson City, NV 89702
PLEASE PRINT CLEARLY

Name:		
Spouse, if family application: _		
Address:	City:	State:Zip:
New Application: Renew	val: Phone: ()	E-mail:
	Membership Categori I Memberships (except Life) are for 12 months for Please Check One	om date of application.
IND	IVIDUAL/COUPLE/FAMILY	YMEMBERSHIP
Senior (62 and over) \$2 Senior Couple \$40 (Family o		\$20
	ENHANCED MEMBE	RSHIP
Sustaining\$100		\$250 Patron \$500 \$1000
	METHOD OF PAYM	ENT
	Please Check One Check or Money Or Made payable to: Friends of NSRM Or	
	\square VISA or \square MASTERO	CARD
Credit Card Number		
Expires:	(month/year)	
Cardholder's Name:	. ,	(as it appears on the credit card)
Cardholder's Signature		
Date:		Amount Paid: \$

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Friends of the Nevada State Railroad Museum P.O. Box 1330, Carson City, NV 89702