

NORTHERN COLORADO MODEL RAILROAD CLUB

MEMBERSHIP FORM

To simplify the membership process and to help keep our records accurate, please fill in **all the information** below and return this form with your payment. Memberships start on January 1st and **new members dues** are prorated quarterly. Example: Jan-Mar \$24.00; Apr-Jun \$18.00; Jul-Sep \$12.00; Oct-Dec \$6.00. Renewing member dues are due on January 1st and are delinquent on **March 1st**. Renewing members paid for a full year.

PLEASE PRINT CLEARLY

TYPE OF MEMBERSHIP

- Regular = \$24.00
- Family = \$24.00 + \$2.00 per additional family member
- Junior = \$12.00 (under 18 yrs. old and not covered by a family membership)
- Name Badge = \$4.00 (one time charge)

CONTACT INFORMATION:

Membership Number: _____ (assigned by Membership Coordinator)

Name (First,Mid,Last): _____

Spouse (first): _____ **Family Member(s):** _____
List family member(s) only if paying the additional \$2.00 per person

Address: _____

City/State/Zip: _____

Phone: _____

Email Address: _____

NMRA Member: [Yes] [No]

For Office Use Only:

PAID BY CASH : [] []

PAID BY CHECK : [] []

DATE PAID : _____

CHECK NUMBER : _____

AMOUNT PAID : \$ _____

Please send the Dispatch by:
 E-mail
 Regular Mail
Note: Dispatch sent by e-mail is in COLOR, "Snail mail" is sent in BLACK and WHITE.

PLEASE PRINT YOUR EMAIL ADDRESS CLEARLY

INTERESTS INFORMATION:

Scale(s) You Model In: _____ **Primary Interests:** _____

Do You Have A Home Layout: [Yes] [No] (if yes) —————> **Layout Name:** _____

Would You Host A Layout Tour: [Yes] [No] (if yes) —————> **Best Tour Month(s):** _____

Would You Host An Op Session: [Yes] [No] **Prototype RR's Modeled:** _____

Do You Accept New Operators: [Yes] [No] [N/A] **Do You Use DCC:** [Yes] [No]

Are Visitors Welcome: [Yes] [No] [Contact Me] **Which DCC System (Mfg):** _____

VOLUNTEER & HELP INFORMATION:

Present Program: [] **Present Clinic:** [] **Work On Club Layout:** []

Help Transport Layout: [] **Help at Shows:** [] **Write Articles:** []

Help a Member: [] —————> **In What Area(s):** _____

Need Help: [] —————> **In What Area(s):** _____

Attach your check to this form and **mail both** to: **RICHARD WILSON**
NCMRC MEMBERSHIP COORDINATOR
1637 NORTHBROOK DR.
FORT COLLINS, CO 80526

Make check payable to: **NCMRC**