

**Wilmington Chapter
MEMBERSHIP APPLICATION**

APPLICANT DATA

Applying for: Regular Membership Family Membership

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone #: _____ Fax #: _____

Email Address: _____

FAMILY MEMBERSHIPS

Get the whole family involved by making them members of the NRHS.

Additional Family Members: #1: _____ #2: _____

#3: _____ #4: _____

#5: _____ #6: _____

Have you previously been a member of NRHS? Yes No

MEMBERSHIP

Regular \$ 5.00 Chapter Dues **\$ 5.00**

Additional Family Members ____ (# of Family Members) x \$5.00 = \$ ____
(Cost is per family member; use other side of form to list names, 6 max)

Total Remittance: \$ ____

Please remit and make check payable to:

David Warner, Treasurer
Wilmington Chapter
301 West Lea Boulevard
Wilmington, DE 19802-1235

SIGNATURE AND DATE (I/we agree to abide by the Constitution and By-Laws of the National Railway Historical Society)

Signed: _____ Date: _____

Thank you for your application.

(Please note that joining the Wilmington Chapter does not automatically make you a member of the National organization of the NRHS. To become a member of National, please visit www.nrhs.com.)