

Date Rec'd _____ Membership Number _____ Authorized By _____

APPLICATION FOR ASSOCIATE MEMBERSHIP



GLX Inc. NKPHTS MEMBERSHIP SERVICES
PO BOX 138 • BUCKLIN, MO 64631-0138

Organized: 1966 - Incorporated: 1972

• PLEASE TYPE OR PRINT IN INK •

NAME _____ DATE OF BIRTH _____
(First) (Middle Initial) (Last)

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SPONSORED BY _____ SPONSOR'S NKPHTS MEMBERSHIP NUMBER _____

RELATIONSHIP TO SPONSOR _____ DATE _____ AMOUNT ENCLOSED _____

The \$5.00 membership fee payable with this application is for the standard membership year beginning October 17th, and will not be pro-rated.

I agree to subscribe to the purposes and principles of the Nickel Plate Road Historical & Technical Society and further agree to comply with the policies and regulations of the Society.

I hereby apply for admission into the Nickel Plate Road Historical & Technical Society as an Associate Member.

APPLICANT'S SIGNATURE _____ SPONSOR'S SIGNATURE _____

(Optional for an Associate not living in the same household as the Sponsor.)