



MEMBERSHIP APPLICATION

FIRST NAME: _____ LAST NAME: _____

SPOUSE: _____ HOME PHONE: _____

ADDRESS: _____ CELL PHONE: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____ EMAIL ADDRESS: _____

PREFERENCE OF CONTACT: Home Cell Mail Email

MEMBERSHIP FEES:

- INDIVIDUAL \$25.00 FAMILY \$30.00 STUDENT \$20.00
 INSTITUTE \$100.00 ASSOCIATE \$500.00

Please make cheque payable to: ELGIN COUNTY RAILWAY MUSEUM

Were you referred by someone? Yes No

If yes, please provide name of reference: _____

Are you also interested in volunteering? Yes No

If yes, which areas would you like to assist with?

- RESTORATION ARTIFACTS/COLLECTION PROMOTION STORE
 SPECIAL EVENTS FUNDRAISING GROUNDS TOURS
 OTHER: _____

SKILLS TO OFFER: _____

THANK YOU FOR YOUR SUPPORT!

Elgin County Railway Museum
225 Wellington Street - St. Thomas, ON N5R 2S6
www.ecrm5700.org

The Elgin County Railway Museum protects this information and does not make it available for use by other parties. We collect this information in order to administer your membership, donation tax receipt, and provide you with information about ECRM and fund development activities. If at anytime you wish to be removed from our list, contact us at 519-637-6284 and we will gladly accommodate your request.

MUSEUM USE:

Membership year: _____ Date received: _____

Processed by: _____ Card issued Member Kit Name Badge

Amount: _____ Method of payment: Cheque Cash Debit Visa Mastercard