

Steam Railroading Institute Membership Application

Name: _____

Additional Names(s) (when applicable): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Fax: _____

E-mail: _____

I'm Interested In Being A Volunteer

Individual **\$45.00** \$ _____
(1 Membership Card, No Guest Admissions)

Two People **\$55.00** \$ _____
(2 Membership Cards, No Guest Admissions)

Family **\$80.00** \$ _____
(2 Membership Cards, 4 Guest Admissions)

Donor **\$200.00** \$ _____
(2 Membership Cards, 6 Guest Admissions)

(Canadian & International Members only) **\$5.00 International Postage:** \$ _____

Operations Fund Donation: \$ _____

Total To Charge Or Enclosed: \$ _____

Please make checks payable to "The Steam Railroading Institute" or complete the information below to charge your donation to a MasterCard, VISA, or Discover credit card.

Card Number: _____

Expiration: _____ / _____ CCV: _____

Cardholder Name: _____

Signature: _____

Mail this completed form with payment to: **The Steam Railroading Institute**
P.O. Box 665
Owosso, MI 48867