

Date _____ Clerk _____ Location _____ Rec'd Packet? _____

MEMBERSHIP APPLICATION

Is this a: New Membership Renewal # _____**PLEASE CHOOSE YOUR MEMBERSHIP LEVEL:**

- Fireman, \$80 + \$5.60 tax (Family)
- Conductor, \$150 + \$10.50 tax (Family)
- Engineer, \$300 + \$21.00 tax (Family)
- Switchman, \$60 + \$4.20 tax (Two individuals)
- Brakeman, \$45 + \$3.15 tax (Individual)
- Senior Brakeman, \$35 + \$2.45 tax (Individual, age 60+)
- Student Brakeman, \$35 + \$2.45 tax (Individual, age 3-17)

PLEASE SELECT ANY "PLUS" OPTIONS (Family levels only):

- One adult, \$15 + \$1.05 tax (limit one adult/membership)

Mr/Mrs/Ms _____
First Name M.I. Last Name

- # _____ of children X (\$10 + \$0.70 tax) per child \$ _____

PLEASE TELL US ABOUT YOURSELF:

_____ # of Children ages 3-17 in Family (limit 4 per membership; additional children may be added with "PLUS" option above. Children under 3 are admitted free.)

*Primary Member Information*Mr/Mrs/Ms _____
First Name M.I. Last Name

Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Home Work Cell

Email _____

*Secondary Member Information (Family & Switchman levels)*Mr/Mrs/Ms _____
First Name M.I. Last Name*Mailing Preference*Please send renewal notices by Email Mail

Thank you for your support! Effective Jan. 1, 2015, membership dues are subject to state and county sales tax, for an effective rate of 7%. The membership dues are tax deductible (less the value of cab ride passes for Conductor & Engineer levels). Memberships are valid for 12 months from purchase. Please allow 3-4 weeks for processing. If you do not receive a card within 4 weeks, please email membership@nctrans.org or call 704-636-2889, ext. 228.

IS THIS MEMBERSHIP A GIFT?

Complete this section if this membership is a gift to someone else.

Mr/Mrs/Ms _____
Gift Giver's First Name M.I. Last Name

Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Home Work Cell

Daytime Phone _____

Email _____

Please send membership packet to: Me
 Gift Recipient**PAYMENT INFORMATION**

Membership Dues \$ _____

"PLUS" Options \$ _____

Tax-Deductible Donation \$ _____

Total Payment \$ _____

Method of Payment:

- Check (Payable to NCTMF)
- Credit Card: Visa MasterCard Discover AmEx

Name on Card _____

Signature _____

Credit Card # _____

Exp. Date _____ Billing Zip Code _____

NORTH CAROLINA

TRANSPORTATION

MUSEUM

FOUNDATION

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