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Please make checks payable to HeritageRail Alliance  
and mail to address at left OR join online at  
[www.heritagerail.org](http://www.heritagerail.org)

Legal Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name for Membership Certificate: \_\_\_\_\_

Site Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Web Site: \_\_\_\_\_

Name of General Contact Person: \_\_\_\_\_

General Contact's Email Address: \_\_\_\_\_

Name of Billing Contact Person (if different from General Contact Person) and e-mail address:

\_\_\_\_\_

**Demographic Questions:**

Type of Product or Service (Check all that apply)

☐ Services ☐ Parts ☐ Merchandise ☐ Equipment ☐ Fund Raising ☐ Other: \_\_\_\_\_

Does your company provide services to:

☐ Railway Museums ☐ Heritage Railroad ☐ Electric Railways ☐ Other: \_\_\_\_\_

Are you interested in a member profile on the Alliance website? ☐ Yes ☐ No

**Dues Schedule (Please check the accurate box)**

Employment	Dues
<input type="checkbox"/> 0 – 2 FTE Employees	\$300/year
<input type="checkbox"/> 3 – 10 FTE Employees	\$450/year
<input type="checkbox"/> 11 or more FTE Employees	\$600/year

I, the undersigned, affirm that the information contained in this application/renewal is correct to the best of my knowledge.

Printed Name

Signature

Date

Dues are paid annually on the anniversary date. There is a grace period of 30 days after which the membership and member benefits expire.