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CANADIAN MEMBERSHIP APPLICATION

Please make cheques payable to HeritageRail Alliance and mail to address at left

Legal Name of Organiza	ation:		
Mailing Address:			
City:	Province:	F	Postal Code:
Name for Membership (Certificate:		
Site Address (if differen	t):		
Phone:	e: Web Site:		
General Contact's Name	e and Email address:		
Billing Contact's Name ((if different from General C	ontact Person) and e-m	nail address:
E-mail address(es) for member communications (if different from above):			
	volunteer that are experts in		areas (Check all that apply) g
Which of the following	ı best describes your organ	ization:	
□ Railway Museums	□ Heritage Railroad □	Electric Railways 🛛	Other:
Annual operating bud	lget:		
□ Less than C\$200,000: C\$100/year			
□ C\$200,000 or more: C\$200/year			
Dues are paid annually membership and memb	on the anniversary date. Therefore, Therefore, and the series of the ser	here is a grace period	of <u>30 days</u> after which the
I, the undersigned, affir of my knowledge.	rm that the information con	tained in this applicatio	on/renewal is correct to the best
Printed Name	9	Signature	Date