



TRI-STATE MODEL RAILROADERS MEMBERSHIP APPLICATION

(DUES ARE \$65 PER YEAR (PRO-RATED TO THE MONTH YOU JOIN))

Date: _____

Name: _____

Spouse name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Cell: _____ Birthday (Month & Day only): _____

Make check payable to TSMRI

Mail to:

Tri-State Model Railroaders

6311 Lakeview Terrace

Douglasville, GA 30135