



TRI-STATE MODEL RAILROADERS MEMBERSHIP APPLICATION

(DUES ARE \$84 PER YEAR (PRO-RATED QUARTERLY))

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