

# EMERALD COAST GARDEN RAILWAY CLUB MEMBERSHIP REGISTRATION FORM

*Please provide the following essential information.*

## NAMES OF APPLICANT AND SPOUSE OR SIGNIFICANT OTHER

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## CONTACT INFORMATION

Primary Mail Address and Zip Code	
Telephone No.	(     )
E-mail Address	

## CLUB ACTIVITIES

<p>Which of the listed club activities interest you the most? (Please check all that apply)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;"><input type="checkbox"/></td><td>Participating in local train shows</td></tr> <tr><td><input type="checkbox"/></td><td>Participating in distant train shows</td></tr> <tr><td><input type="checkbox"/></td><td>Hosting club meetings</td></tr> <tr><td><input type="checkbox"/></td><td>Acting as business meeting conductor</td></tr> <tr><td><input type="checkbox"/></td><td>Serving on ad hoc committees</td></tr> <tr><td><input type="checkbox"/></td><td>Holding office</td></tr> <tr><td><input type="checkbox"/></td><td>Helping to complete the club layout</td></tr> <tr><td><input type="checkbox"/></td><td>Presenting clinics or workshops</td></tr> <tr><td><input type="checkbox"/></td><td>Assisting the museum during Open House</td></tr> <tr><td><input type="checkbox"/></td><td>Assisting the museum during workdays</td></tr> <tr><td><input type="checkbox"/></td><td>Other (Please specify)</td></tr> </table>	<input type="checkbox"/>	Participating in local train shows	<input type="checkbox"/>	Participating in distant train shows	<input type="checkbox"/>	Hosting club meetings	<input type="checkbox"/>	Acting as business meeting conductor	<input type="checkbox"/>	Serving on ad hoc committees	<input type="checkbox"/>	Holding office	<input type="checkbox"/>	Helping to complete the club layout	<input type="checkbox"/>	Presenting clinics or workshops	<input type="checkbox"/>	Assisting the museum during Open House	<input type="checkbox"/>	Assisting the museum during workdays	<input type="checkbox"/>	Other (Please specify)
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<input type="checkbox"/>	Assisting the museum during workdays																						
<input type="checkbox"/>	Other (Please specify)																						

## PERSONAL INTERESTS

<p>Please use the space provided to briefly list ways the club can fulfill your G-scale interests and club expectations.</p>	
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## MEMBERSHIP DUES

<p>Full membership is gained by payment of annual dues to the club and the West Florida Railroad Museum. Please make your club check payable to ECGRC in the amount of \$35.00 and deliver or mail to: Treasurer, 635 El Camino Dr., Cantonment, FL 32533 together with this registration form.</p>	<p style="text-align: center;"><u><i>Treasurer's Use Only</i></u></p> <p><input type="checkbox"/> \$35 club dues paid on _____</p>
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# West Florida Railroad Museum Membership Registration Form

Mail to: West Florida Railroad Museum  
P.O. Box 770  
Milton, FL 32572

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address (or P.O. Box):  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone (Optional): ( \_\_\_\_\_ ) \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

Dues \$30.00    Check \_\_\_\_\_    Visa \_\_\_\_\_    MCd \_\_\_\_\_

Credit Card Number \_\_\_\_\_  
(if paying by Visa or MasterCard)

Expiration Date: \_\_\_\_\_    Pin No. \_\_\_\_\_  
(extra 3 digits on back of card)

Signature: \_\_\_\_\_  
(Required if payment is by Credit Card)

Email: \_\_\_\_\_

West Florida Railroad Museum  
P.O. Box 770  
Milton. FL 32572