



Western Pennsylvania Model Railroad Museum

APPLICATION FOR MEMBERSHIP

Name _____ Date of Application _____

Address _____ Home Phone _____

City, State, Zip _____ E-mail Address _____

Occupation _____ Age _____

Employer _____ Work Phone _____

What level of membership are you interested in?

Senior Affiliate Junior Family Membership

For Family Membership only Spouse's Name _____

Names of Children Living at home _____

For Senior Membership. What museum activities are you most interested in?

Modeling Work:

Bench work

Track work

Scenery

Rolling Stock

Motive Power

Structures

Electrical

Museum Support:

Library

Web Development

Fund Raising

Education

Historical Research

Sponsoring Member _____

(Member's Signature)

Send Application To:
Membership Chairman
WPMRM
5507 Lakeside Drive
Gibsonia, PA 15044