



### SWMRC APPLICATION FOR MEMBERSHIP

Membership in the SouthWest Model Railroad Club (SWMRC) is open to all interested persons. SWMRC does not discriminate on the basis of race, religion, sex, nationality, or physical disability. SWMRC reserves the right to perform a background check on prospective members. Prospective members must attend 3 consecutive meetings or other club functions before members vote on accepting this application. These requirements protect SWMRC and prospective members.

This Club uses DC control for its railroad. All work is on a volunteer basis and members are expected to be active participants, to help us promote model railroading, the history of railroading, railroad safety, and – above all – to have fun!

\_\_\_\_\_ **Regular Member:** Yearly Dues \$50.00 per person  
\_\_\_\_\_ **Add Family Member(s)** – *Immediate family of Regular member only:* Yearly Dues \$15.00 per person

**PLEASE PRINT**

Your Name: \_\_\_\_\_

Family Members (*If adding membership*): \_\_\_\_\_

Spouse or Significant Other Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers License # \_\_\_\_\_ State: \_\_\_\_\_

Have you ever worked on a railroad?  Yes  No

If Yes, in what capacity? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Your Profession, Occupation and Special Skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical problems or physical disabilities that might require special arrangements or limit your duties? \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to serve on a committee?  Yes  No  Maybe

Please list your areas of interest in railroading: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature and Date: \_\_\_\_\_

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**FOR TREASURER'S USE ONLY**

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Or Check # \_\_\_\_\_

Received by: \_\_\_\_\_