



MEMBERSHIP APPLICATION ___ New ___ Renew
8/1/2010 to 7/31/2011

I chose to join/renew my membership in the Railroad Museum of Long Island (RMLI) in one of the following membership classes. Dues are for one year, due on August 1st of each year.

- | | | |
|----------------------|----------------|-------------------------------|
| ___ Regular | \$50 one vote | : Fort Salonga, NY 11768 |
| ___ Senior (62+) | \$30 one vote | |
| ___ Junior(Under 18) | \$25 no vote | |
| ___ Corporate | \$150 one vote | |
- You may pay by credit card, or enclose check or money order payable to: Railroad Museum of Long Island
 Mail to: RMLI Membership
 12 British Colony Road
 W

P Name _____

L P Address 1 _____

E R Address 2 _____

A I Town, State _____

S N Zip Code (5 + 4) _____ Telephone (____) _____ - _____

E T E-Mail Address _____

Jobs I like to do _____

Employer _____

Detach here if paying dues only by check or money order and return application with payment



CONTRIBUTION FORM

I HAVE CHOSEN TO CONTRIBUTE TO THE RAILROAD MUSEUM OF LONG ISLAND
 IN THE FOLLOWING AMOUNTS AND CATEGORIES:

NAME _____

ADDRESS _____

TELEPHONE _____

E-MAIL _____

- | | |
|--|-----------------|
| <input type="checkbox"/> GANDYDANCER | \$1 - \$99 |
| <input type="checkbox"/> BRAKEMAN | \$100 - \$249 |
| <input type="checkbox"/> FIREMAN | \$250 - \$499 |
| <input type="checkbox"/> ENGINEER | \$500 - \$999 |
| <input type="checkbox"/> CONDUCTOR | \$1000 - \$4999 |
| <input type="checkbox"/> GOLDEN SPIKE CLUB | \$5000 + |

The Railroad Museum of Long Island is an IRS 501 (c) 3 Corporation.
 All contributions are tax deductible.

Make check payable to Railroad Museum of Long Island
 Mail to: Railroad Museum of Long Island
 12 British Colony Road
 Fort Salonga, NY 11768

Detach here if paying dues and contributions by check or money order and return application(s) with payment

Credit Card Payment Form

CIRCLE METHOD OF PAYMENT



I authorize the Railroad Museum of Long Island to charge the following amount to the credit card listed below:

Card Number _____ Expiration Date _____

Name on Card _____ Amount to Charge \$ _____

Signature _____ Telephone (____) _____