



705 Linden St., Bethlehem, Pa. 18018

610-868-7101 email lkmrrc@gmail.com

## Membership Application

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

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

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail

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

\_\_\_\_\_

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

Membership Type: \_\_\_ Full-Time (\$30) \_\_\_ Associate(\$20) \_\_\_ Student(\$10)

Preferred Scale: \_\_\_ Z \_\_\_ N \_\_\_ HO \_\_\_ O \_\_\_ G

### **Special Skills:**

Carpentry \_\_\_ Painting \_\_\_ Modeling \_\_\_ Scenery \_\_\_ Airbrushing \_\_\_ Electrical \_\_\_ Drafting

\_\_\_ Programming \_\_\_ Fund Raising \_\_\_ DCC \_\_\_ Electronics \_\_\_ Detailing \_\_\_ Operations \_\_\_

Accounting \_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

Please list any relationships you may have with businesses or organizations that may be willing to support our efforts with donations of money, materials or services.

Please share your reasons for wanting to join the Lehigh & Keystone Valley Model Railroad Museum. \_\_\_\_\_

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I understand I will be given a copy of the bylaws if accepted. In consideration of being granted membership, I agree to abide by the rules, regulations, and bylaws of the organization. I also agree to be personally responsible for my safety when engaged in any activity connected with the organization.

By signing this application you certify you have not been convicted of a felony and are not wanted or have outstanding warrants. You understand and consent to possible background check and a probationary period up to 6 months which may be extended if suggested by membership committee.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**LKV Official Use Only**

**Dues \$ \_\_\_\_\_ Membership No: \_\_\_\_\_ Authorized Signature:**

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

**Notes:** \_\_\_\_\_

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