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**Membership Application/Renewal Form**

**Rappahannock Railroad Museum, Inc.**

**Please type or print legibly**

**New Renewal if renewal Updated information Y N**

**Name:**

**Street Address:**

**City: State: Zip:**

**Phone:**

**Email:**

**Family Membership(S) if Joining:**

**Membership**

**Regular $15.00**

**Family $1.00 each**

**Museum Donation**

**Total:**

**Please mail to the following address or hand in at meeting.**

**Rappahannock Railroad Museum, Inc.**

**P.O. Box 9088**

**Fredericksburg, VA. 22403-9088**

**I agree to be a member in good standing and follow safety rules of**

**the Rappahannock Railroad Museum, Inc.**

**Membership dues for January 1, 2021 to December 31, 2021**

**Signature: Date:**