



P.O. Box 1189  
Covington, GA 30015  
770-278-0088  
contact@atrrm.org

# MEMBERSHIP APPLICATION

Make checks payable to ATRRM and mail to address at  
left OR join online at [www.ATRRM.org](http://www.ATRRM.org)

Legal Name of Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name for Membership Certificate: \_\_\_\_\_

Site Address (if different) to be used for website search feature:

\_\_\_\_\_

Phone: \_\_\_\_\_ Web Site: \_\_\_\_\_

Name of Contact Person for ATRRM: \_\_\_\_\_

Contact's Email Address: \_\_\_\_\_

(Circle One) For Profit Not for Profit

(Circle One) Corporation Partnership Sole Proprietorship State Owned

Does your organization have paid staff? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your organization operate \_\_\_\_\_ Railway Museum \_\_\_\_\_ Tourist Railroad \_\_\_\_\_ Both

## Dues Schedule (Please check the accurate box)

### Full Members' Operating Budget

- |                                                |            |
|------------------------------------------------|------------|
| <input type="checkbox"/> \$0 - \$50,000        | \$100/year |
| <input type="checkbox"/> \$51,000 - \$250,000  | \$200/year |
| <input type="checkbox"/> \$251,000 - \$500,000 | \$400/year |
| <input type="checkbox"/> \$500,000 +           | \$600/year |

I, the undersigned, affirm that the information contained in this application/renewal is correct to the best of my knowledge.

Printed Name

Signature

Date

Dues are paid annually on the anniversary date. There is a grace period of 30 days after which the membership and member benefits expire.