



Application for Non-Resident Membership
Los Angeles Live Steamers Railroad Museum
P.O. Box 2156 Toluca Lake, CA 91610-2156

Los Angeles Live Steamers Railroad Museum, a nonprofit public benefit corporation, was formed to promote among its Members a general interest and enjoyment in the construction and operation of railroad equipment; and to present many of the interesting aspects of railroad operation, lore, and history to the general public with exhibitions of various types of railroad engines in operation and museum displays.

_____ Non-Resident Member (Someone who lives more than 60 straight line miles of the Museum Facility)
 If joining in Jan, Feb or Mar: \$30.00 Dues.
 If joining in Apr, May, or Jun:\$25.50 Dues.
 If joining in Jul, Aug, or Sep: \$21.00 Dues.
 If joining in Oct, Nov, or Dec:\$16.50 Dues.

Dues are currently \$30.00 per year, due in Jan each year. Membership includes dues card, listing in the Museum Roster and a subscription to the newsletter.

Last Name: _____ First/MI/Nick Name: _____
 Spouse's Name (optional): _____
 Street Address: _____
 City: _____ State: _____ ZIP: _____
 Country (if other than USA): _____
 Home Phone: _____ E-mail (optional): _____
 Work or Cell Phone (optional): _____ FAX (optional): _____

Equipment for listing in the *Roster*, otherwise leave blank (Optional, two line limit; use "*" to denote a project under construction):

Line 1: _____
 Line 2: _____

I wish to receive the *Engine Booster* issues electronically via E-mail/web (BW) and not receive printed copies:
 Yes ___ No ___ (If yes, be sure that your E-Mail address is correct above and that you have web access and Adobe Acrobat Reader.)

Monetary donations to LALSRLM, a 501(c)(3) organization, are always welcomed! Donations are tax deductible. I am including an additional donation in the amount of: \$100.00 _____, \$50.00 _____, \$25.00 _____, \$ _____ (other)

Please make your check or money order payable to "LALSRLM" and mail with this completed form to:
Membership Chairperson at the address listed above.

I wish to pay by Visa or Mastercard credit card:

Cardholder's Name: _____ Zip Code where the card is billed to: _____
 Credit card#: _____ - _____ - _____ - _____ Exp Date: _____ / _____
 CVV2 code from back of card (last 3 digits where you sign your name): _____
 Authorized Signature: _____

For office use only:

Check # or Cash \$ _____ Check/Cash Date ____ - ____ - ____ Dues \$ _____ Donation \$ _____
 Check/Cash to Treasurer on ____ - ____ - ____
 Info to Roster Database on ____ - ____ - ____ Info to Mailing List on ____ - ____ - ____
 Date Read into BOD minutes ____ - ____ - ____ Approved for BOD by _____