West Jersey Chapter

National Railway Historical Society

Membership Application (Please print <u>legibly</u>)

Name	
Address	
City	State ZIP code
Email address	
Telephone	
Family mem	ber name(s), if joining:
Family General Archive Total er	
	check payable to: West Jersey Chapter, NRHS be willing to serve on any committees? Yes \square No \square
Note: Many W	est Jersey Chapter communications are sent via email. Your information is kept d will not be used for any other purpose.
I agree to ab	de by the by-laws and rules of West Jersey Chapter, NRHS.
Signature	Date
Please mail	your application and payment to:
	Scott Barnes, Treasurer West Jersey Chapter, NRHS 104 S Jefferson Ave Wenonah NJ 08090-1819

All applicants must be affirmed by the West Jersey Chapter Board of Directors before membership can take effect.