

Golden Gate Railroad Museum

2007 Membership Form



Your membership year starts when we receive your dues payment and ends one year from the start date. Listed below are several categories of membership.

Friend of GGRM: *Friends* receive Museum newsletters. *Friends* are not able to vote.

Regular Member: *Regular Members* receive Museum newsletters and the right to vote. This category is for people who want to help around the museum and participate in operational events. **(See Note 1).**

Contributing Member: *Contributing Members* receive the same benefits as *Regular Members*.

Associate Member: This category is for people with limited income who would like all the benefits of *Regular Members*. As an *Associate Members* you commit to working at least 30 hours per year in the activity you list below. **(Also, see Note 1)**

Family Contributing Members: All the benefits of *Contributing Members* for all family members living at the same address. **(See Note 1)**

Lifetime Member: All the benefits of *Contributing Member* for a one-time dues payment. It is not refundable if the museum closes and is not transferable. **(See Note 1)**

Name _____

(Please include names of family members for Family Membership)

Address _____

City _____

State _____ ZIP _____ +4 _____ (Please)

Phone (_____) _____ (Home)

(_____) _____ (Work)

Email _____

Please add this address to the Yahoo GGRM list server

Note 1 for all Members who want to participate:

All Members who wish to work must sign a liability release. Members will not be permitted to work until a signed liability release is on file.

Check Memberships Category:

- | | |
|---|----------|
| <input type="checkbox"/> Friend of GGRM | \$ 25 |
| <input type="checkbox"/> Regular Member | \$ 40 |
| <input type="checkbox"/> Contributing Member | \$ 75 |
| <input type="checkbox"/> Associate Member | \$ 25 |
| <input type="checkbox"/> Family Contributing Member | \$ 100 |
| <input type="checkbox"/> Lifetime Member | \$ 1,500 |

Other:

Donation (\$50, \$100, \$1,000, etc.) \$ _____

Total Amount \$ _____

- Check (enclosed)
 Visa or Master Card

Total Credit Card Charge: \$ _____

Credit Card # _____

Expiration Date _____

Three-digit code on back of card ___ _ _

Billing Address _____

Signature _____

Associate Members: Please describe the activity in which you will work: _____

Regular Members — We need your help. Please describe the area(s) in which you would like to volunteer:

Please return completed form to:

Robert Snell
758 Peekskill Drive
Sunnyvale, CA 94087