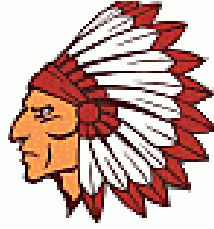


Scottsdale Model Railroad Historical Society, Inc.



McCormick-Stillman Railroad Park
7301 E. Indian Bend Rd.
Scottsdale, AZ 85250

Website: ScottsdaleMRHS.org

APPLICATION

Society use only

Date Received: _____

Interview Date: _____

Approval Date: _____

Sponsor: _____

Application Fee Paid: _____

Initiation Fee Paid: _____

Membership Date: _____

Membership No.: _____

100% NMRA Membership Club – Pacific Southwest Region – Arizona Division

*Society membership **REQUIRES** membership in the NMRA*
(National Model Railroad Association - Website: www.nmra.org)

Applicant's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: Home: (_____) _____ Cell: (_____) _____ Preferred: H C

E-mail address: _____

NMRA member? Yes ____ No ____

If Yes, please provide: Membership No. _____ Expiration date: (m/d/yyyy) _____

Are you now, or have been, a member of other model railroad club(s)? Yes ____ No ____

If Yes, what club(s)? _____

What is your interest in model railroading: _____

Do you currently have an operating layout? Yes ____ No ____

If Yes, what gauge? HO ____ HOn3 ____ Other _____

Have you ever built, or helped build, a model railroad layout? Yes ____ No ____

(Over)

My skills and abilities best qualify me for the following projects, please rate ability:

	Novice			Expert	
Track & Road Bed _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operations _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical and Computer _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scenery _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structures _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rolling Stock Maintenance _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Availability (List all that apply): Weekends _____ Weekdays _____ Evenings _____

Please use the following area to provide any additional information you feel is important.

I have read and agree to the membership process described in the "SMRHS New Applicant Process" document.

Applicant's signature: _____ Date: _____