

Reading Railmen, Inc.

P.O. Box 13124
Reading, Pa 19612-1324
www.Readingrailmen.com

Application for Associate Membership

(Please fill out using only Blue or Black Ink, No pencil)

Name: _____

Address: _____

Phone number: (____) _____ - _____

Date Of Birth: ____ / ____ / ____

E-mail: _____

Signature Of Applicant: _____

Sponsored By:

1st Sponsor: _____ / _____
(signature and printed full name)

2nd Sponsor: _____ / _____
(signature and printed full name)

Application fee of \$25.00 (one time)

(for processing and is non-returnable regardless if accepted or not as an Associate)

Fee Received By: _____ Date: ____ / ____ / ____

Approved / Declined (circle one) Date: ____ / ____ / ____

Patch mailed if Approved - Date: ____ / ____ / ____