

NEW  RENEWAL

# B&O MEMBERSHIP APPLICATION



## SELECT MEMBERSHIP

- INDIVIDUAL** *ONE ADULT*..... **\$60**
- DUAL** *TWO PEOPLE*..... **\$75**
- SENIOR** *ONE SENIOR (AGE 60+)* ..... **\$55**
- DUAL SENIOR** *TWO PEOPLE (AGES 60+)*..... **\$65**
- GRAND FAMILY SENIOR** *TWO SENIORS (AGES 60+) & FOUR CHILDREN* ... **\$120**
- FAMILY** *TWO ADULTS & FOUR CHILDREN*..... **\$125**
- FAMILY & FRIENDS** *FOUR ADULTS & FOUR CHILDREN* ..... **\$150**
- DONOR LEVEL** *FAMILY & FRIENDS MEMBERSHIP & \$100 DONATION*... **\$250**

### ADD-ONS: ADD THE FOLLOWING TO ANY OF THE ABOVE CATEGORIES

- SMITHSONIAN AFFILIATE MEMBERSHIP**..... **\$25**
- RAIL ADVENTURERS CLUB (AGES 2-12)**..... **\$25**  
*per child*

HOW MANY CHILDREN?

RAIL ADVENTURERS CLUB NAME(S):

## PURCHASER'S INFORMATION

PRIMARY MEMBER NAME: MR. | MRS. | MS. | DR.

SECONDARY MEMBER NAME: MR. | MRS. | MS. | DR.

ADDRESS:

CITY: STATE: ZIP:

PHONE:

EMAIL:

REFERRED BY:

## GIFT RECIPIENT INFORMATION

Is this membership a gift?  YES  NO *If yes, please fill out below.*

PRIMARY MEMBER NAME: MR. | MRS. | MS. | DR.

SECONDARY MEMBER NAME: MR. | MRS. | MS. | DR.

ADDRESS:

CITY: STATE: ZIP:

PHONE:

EMAIL:

## PAYMENT INFORMATION

TOTAL AMOUNT:

**CHECK OR MONEY ORDER**  
*Please make checks payable to the B&O Railroad Museum.*

**CHARGE TO**  VISA  MC  AMEX  DISC

NAME ON CARD:

CREDIT CARD #:

EXPIRATION DATE: CVV #:

BILLING ADDRESS:

CITY STATE: ZIP:

SIGNATURE:

**THANK YOU FOR YOUR SUPPORT!** Please allow 3-4 weeks for delivery of membership materials. For additional information, please contact the Membership Office at: 410.752.2490 ext. 205, membership@borail.org, or visit www.borail.org/membership.