



## THE CINCINNATI RAILROAD CLUB

*established 1938*

### MEMBERSHIP APPLICATION AND RENEWAL FORM



#### Thank you for becoming a valued member

- Monthly programs the first Thursday of the month at 7:30 p.m. In Cincinnati Union Terminal. Invite a friend to attend with you.
- Enjoy member library/clubroom programs
- Monthly digital newsletter, *Headlight & Markers*, delivered via email
- Special free railfan technology classes/trips
- We are an Ohio 501(c)(3) nonprofit organization able to accept tax-free donations

**(Please Print)**

First Name and Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

(This is how the club communicates with members and is for internal club use only.)

**Annual Membership Levels:** *(The membership year runs from January 1<sup>st</sup> to December 31<sup>st</sup>)*

Regular Member **\$30**

Sustaining Member **\$50** *(Your additional \$20 contribution helps support the club's operations & is very much appreciated.)*

Senior Member **\$25** *(age 65 & older)*

Junior Member **\$20** **(NEW!)** *age 25 & under*

Associate Member **\$20** *(outside the Cincinnati metro area only)*

**Please Mail Completed Application with  
Check or Credit Card Authorization payable to:**

**Cincinnati Railroad Club  
PO Box 14157  
Cincinnati, OH 45250-0157**

# Credit Card Payment Authorization

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account. Your account number will not be retained on file.

I \_\_\_\_\_ authorize THE CINCINNATI RAILROAD CLUB, INC.to  
(Cardholder's Full Name)

Charge my credit card account indicated below for \$\_\_\_\_\_

This payment is for: \_\_\_\_\_

## Card Details

Visa

MasterCard

Discover

American Express

Cardholder Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Account/Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ CVV\* \_\_\_\_\_ Zip Code : \_\_\_\_\_

\* Three digit verification number on the back of your credit card, or four digit code on the front of your AMEX card.

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_