



# CINCINNATI RAILROAD CLUB



## MEMBERSHIP and RENEWAL FORM

- **THANK YOU!** for becoming a valued member
- Monthly programs are the first Thursday of the month at 7:30 p.m. in the newsreel theatre at 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

First Name and Middle Initial: (*Please Print*) \_\_\_\_\_

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>*)

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

☐ Regular Member **\$30**

☐ Senior Member **\$25** (*65 or older*)

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

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

**Please Send Completed Application and  
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/CC 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: \_\_\_\_\_