

Silver Stream Railway Incorporated

Membership Application

Full Name:
Address:
Occupation: Date of Birth (if under 18):
Phone Number: Cell Phone:
Email Address:
I am interested in assisting in railway/site maintenance: YES / NO
I am interesting in participating in train operations (subject to training) YES $/$ NO
If you answered yes to the above questions please provide an emergency contact name and phone number:
If my membership application is accepted I agree to comply with the rules of the Silver Stream Railway Incorporated.
Signature:
I enclose my subscription of 60^* (Full) 30^* (Junior under 16 years). If joining after October 1st the total payable shall be half the annual subscription.
l enclose a donation of \$ (Optional)
Donations over \$5 are tax deductible.
Our regular newsletter "Pantograph" will be emailed to the address you have provided.
**Please add \$5 to your subscription if you require the newsletter to be posted to you.
Please post this application along with the required subscription to:

Silver Stream Railway

P.O Box 48-117

Silverstream

Upper Hutt 5142.