



Bluegrass Railroad Museum
Membership Application

Name: _____ (please print)

Spouse: _____

Children: _____

Address: _____

Telephone Number (____) _____

Email Address: _____

- Membership Level: Single \$35.00 per year
 Family \$65.00 per year
(Includes parents and children under 18)
 Sustaining \$100.00 per year
 New Member Initiation fee \$5.00
 Donation – Tax Deductible \$ _____

I am enclosing my check or money order in the amount of \$ _____
- or -

Please charge \$ _____ to my _____ (visa, mc, etc.) credit card.

My card number is _____

The expiration date is _____ (mm/yy) Security code (3 digit) _____

Authorized Signature: _____

Please print and complete this form and mail it along with your payment to:

Bluegrass Railroad Museum
P. O. Box 27
Versailles, KY 40383

Thank you for your membership Application. Please consider participating as a volunteer.