



CANADIAN ASSOCIATION OF RAILWAY MODELLERS

www.caorm.org

CLUB APPLICATION FORM

CLUB INFORMATION

New

Renewal

Club Basic Fee \$25 for 1 year \$ 25

Includes one copy of the Canadian and one calendar for the club

Club Members (minimum of 5 required) \$10 each X _____ = _____

Includes membership card and calendar, mailed to the club

Additional Printed Newsletters \$15 each per year X _____ = _____

These will be mailed to the club

Total submitted _____

CLUB ADDRESS

Club Name: _____

Contact Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Country: _____

Telephone: _____ E-mail: _____

Web Site: _____ Include me on the Web Site database:

Please enclose this page along with as many club members pages with your payment to:

CARM Membership Manager

2 Droxford Ave.

Scarborough, ON M1R 1J9

Canada

Make all cheques payable to "Canadian Association of Railway Modellers".

You can make a payment in Canadian or American currency at the fees listed.

Memberships will activate when both the application and membership payment has been received by the membership manager.

Membership dues subject to change without notice, check the web site for current dues rates.

All inquiries regarding membership can be done by e-mail at membership@caorm.org.

Club Member Information

I am already a CARM Member Membership Number: _____

First Name: _____ Middle Initial: _____

Last Name: _____ Age: _____ dd ____ mm ____ yy ____

Address: _____

City: _____ Province: _____ Postal Code: _____

Country: _____

Telephone: _____ E-mail: _____

Primary Scale: _____ Gauge: _____ Secondary Scale: _____ Gauge: _____

Occupation: _____ Interests: _____

I am already a CARM Member Membership Number: _____

First Name: _____ Middle Initial: _____

Last Name: _____ Age: _____ dd ____ mm ____ yy ____

Address: _____

City: _____ Province: _____ Postal Code: _____

Country: _____

Telephone: _____ E-mail: _____

Primary Scale: _____ Gauge: _____ Secondary Scale: _____ Gauge: _____

Occupation: _____ Interests: _____

I am already a CARM Member Membership Number: _____

First Name: _____ Middle Initial: _____

Last Name: _____ Age: _____ dd ____ mm ____ yy ____

Address: _____

City: _____ Province: _____ Postal Code: _____

Country: _____

Telephone: _____ E-mail: _____

Primary Scale: _____ Gauge: _____ Secondary Scale: _____ Gauge: _____

Occupation: _____ Interests: _____

I am already a CARM Member Membership Number: _____

First Name: _____ Middle Initial: _____

Last Name: _____ Age: _____ dd ____ mm ____ yy ____

Address: _____

City: _____ Province: _____ Postal Code: _____

Country: _____

Telephone: _____ E-mail: _____

Primary Scale: _____ Gauge: _____ Secondary Scale: _____ Gauge: _____

Occupation: _____ Interests: _____