Central Florida Railway Historical Society, Inc.





Name:		Birthday (Month & Day):		
Address:				
City: _		_ State:	Zip:	
Home Phone:		_ Cell Phone:		
E-Mai	l:			
Please	e Choose the Type of Membership You Are	Requesting by M	arking the Appı	ropriate Box. X
	Society Member (\$45.00 Per Year)			\$
	Society Century Member (\$100.00 Per Year)			\$
	Society Friend (\$25.00 Per Year) ***			\$
	Society Family Member (\$10.00 Per Year) ***			\$
	Society Student Member (\$15.00 Per Year) **	*		\$
	Corporate Society Member — Bronze Level (S	\$250.00 Per Year)	***	\$
	Corporate Society Member — Gold Level (\$50	00.00 Per Year) ***	ŧ.	\$
	Corporate Society Member — Diamond Level	(\$750.00 Per Yea	r) ***	\$
	Corporate Society Member — Platinum Level	(\$1,000.00 Per Ye	ear) ***	\$
	New Members Only: If You Would Like A Na Please Indicate On The Line Below How You Appear on Your Nametag. Also, Check The Ethe Amount On The Line To The Right.	Would Like Your I	Name To	\$
			TOTAL	\$

NOTE: *** — This Membership Level Does Not Have the Right to Vote or Hold Office in the Society.

Please Make Check Payable To: Central Florida Railway Historical Society, Inc.

Please Send Form & Payment To: Central Florida Railway Historical Society, Inc.

PO Box 770567

Winter Garden, FL 34777-0567