

MEMBERSHIP APPLICATION

LEHIGH VALLEY MINIATURE CLUB - SMALL ON SCALE

N.A.M.E. CHAPTER C-285

DATE: _____

NAME: _____

_____ (SECOND NAME: IF THIS WILL BE A
FAMILY MEMBERSHIP/TWO MEMBERS AT SAME ADDRESS)

ADDRESS: _____

TELEPHONE: HOME: _____ WORK: _____

E-MAIL ADDRESS: _____ (Will be used for sending you Monthly
meeting reminders)

BIRTHDATE: (Day & Month) _____

N.A.M.E. DUES: _____ \$35.00 EACH SINGLE MEMBER

_____ \$14.00 FOR 2nd FAMILY MEMBER
(MUST RESIDE AT SAME ADDRESS)

_____ \$17.00 YOUTH MEMBERSHIP
(18 YEARS AND YOUNGER)

LOCAL CLUB/ S.O.S _____ \$10.00 EACH MEMBER

TOTAL : _____

PLEASE MAKE CHECKS PAYABLE TO : 'L.V. N.A.M.E. - SOS'

Please mail application and check to:

Jo Roseberry
RR1 Box 1640
Kunkletown, PA 18058-9744