

MTFCI
P.O. Box 355
Hudson, NC 28638-0355
828.728.5758
www.modelt.org



LIFETIME MEMBERSHIP APPLICATION FORM

Name: _____

Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Email: _____ Phone: _____

Existing Membership Number (if current member): _____

Membership information is normally included on a club roster, which is never sold/used for non-club purposes.

Include my information in the club roster: yes____ no____

All memberships payable in U.S. funds on a U.S bank only.

United States

\$700 Full lifetime membership

\$234 Partial lifetime payment

Canada and International

\$800 Full lifetime membership

\$267 Partial lifetime payment

To pay by check: make check payable to MTFCI and mail with application to MTFCI, P.O. Box 355, Hudson, NC 28638-0355

To pay by credit card: complete the information below or call 828.728.5758.

Please charge my card with this amount: _____

Card type: Mastercard ____ VISA ____ Discover ____

Card number: _____

Expiration date: _____

Signature: _____