



Ocala Model Railroader's Historic Preservation Society

Application for AFFILIATE Membership

Name: _____ Date of Birth: _____
 Address: _____
 City, State & Zip: _____
 Phone: _____ Email: _____
 Scale(s) of Interest: _____ Special Skills: _____
 Are you currently a NMRA member? Yes ___ No ___
 If yes, are you a life member? Yes ___ No ___
 How did you hear about the Society? _____
 Name of Sponsor: _____

By submitting this application I acknowledge I have read and agree to abide by the By-Laws and other rules and standards of the Ocala Model Railroader's Historic Preservation Society Incorporated. If accepted, I recognize that as a member of the Society I will bear an equal responsibility with the other members in assuring the safety and security of the Society, its members and its visitors. I also agree that as a member I represent the Society and will conduct myself in a manner which will not bring discredit to the Society. I understand I will have to join, at my expense, the National Model Railroad Association. I also understand I will be on probation for a period of at least six (6) months. Following the probationary period, a 2/3 vote of Society members present at the designated meeting is necessary to elevate the applicant to member status. **By signing this application, I give consent to a criminal background check.**

Applicants Signature: _____ **Date:** _____

***** Official use only ***** Official use only *****

Date received: _____ Handbook: _____
 Membership card & Name tag: _____