



The New Mexico Steam Locomotive & Railroad Historical Society

P O Box 27270. Albuquerque, NM 87125-7270. Phone 505 246-2926

www.2926.us

The New Mexico Steam Locomotive and Railroad Historical Society (NMSL&RHS) is a New Mexico non-profit corporation dedicated to the preservation of New Mexico's rich history of rail and steam locomotion, and the restoration of related historical icons.

The NMSL&RHS offers three types of general membership:

- Annual Individual Membership (adults 18 years or older): \$ 30.00 per year.
- Annual Family Membership (includes spouses and minor children living at home): \$ 50.00 per year.
Each annual membership paid in the first three quarters of a calendar year covers that year. Memberships paid in the last quarter of a calendar year covers the remainder of that year and the next year as well. Memberships are to be renewed for the following year by the end of the current year. If membership renewals are not paid by the end of the first quarter of the calendar year, the membership will be terminated.
- Individual Lifetime Membership: \$ 500.00 (non-recurring).

Members wishing to perform hands-on restoration, maintenance, and operation of equipment must meet the following criteria:

1. Must be members in good standing
2. Must have successfully completed the society's safety training course and must meet all other safety requirements
3. Must verify medical insurance coverage
4. All minors working on such tasks, in addition to having successfully completed safety training, must also be under the supervision of a qualified adult at all times

Safety training and insurance are not required for general membership. If you would like to become a member to participate in preserving New Mexico's rail history, complete the form below and mail it with your check or money order to: NMSL&RHS, P O Box 27270, Albuquerque, NM 87125-7270

Registration Form (Do Not Detach)

Membership Type (check one): Individual \$ 30.00 Family \$ 50.00 Lifetime \$ 500.00

First Name: _____ Last Name: _____

Additional Family members first names (if applicable): _____

Street: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home: _____ Cell: _____

Email: _____

Emergency Contact: _____ Phone: _____

Signature: _____ Date: _____

To be completed by NMSL&RHS staff: Cash Credit Card Check No. _____

Cashier's name: _____

Please place original in Secretary's inbox.

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