

San Luis Obispo Railroad Museum Membership Application

Annual Dues: ___ \$56, Individual ___ \$60, Family ___ \$100, Sustaining

I would like to further help the museum by donating \$ _____

Complete form and mail with your check to: **San Luis Obispo Railroad Museum (SLORRM)**
Post Office Box 15260, San Luis Obispo CA 95406

PLEASE PRINT CLEARLY:

Name(s) _____ Amount enclosed \$ _____

Address _____

City, State, Zip _____

Daytime Telephone _____ Evening Telephone _____

E-mail _____ FAX _____

I would like to help the museum by: _____