



MEMBERSHIP APPLICATION FORM

Date: _____ Accepted: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birthday: _____ Anniversary: _____

Spouse's Name: _____ Birthday: _____

Home Phone: _____ Business: _____ Cell: _____

Email: _____

Layout?: YES NO Scale of Interest: _____ Size of layout (Approximately): _____

NMRA Membership No: _____ Expiration Date: _____

Lone Star Region No.: _____ Expiration Date: _____

Years in Hobby: _____ Special Interest: _____

How did you hear of SAMRA?

Applicant's Signature: _____

Total Annual Dues: \$96.00

Contact: membership@samratx.org

Please mail this completed application to: SAMRA
7702 Narrow Pass
Live Oak, TX 78233
ATTN: Membership

For SAMRA use only

Dues Paid: _____ Date Posted: _____

Computer No: _____ Roster Issued: _____ Card Issued: _____

Labels Printer through: _____