



2010 Membership Renewal

All members must respond to this renewal and membership renewal fees must be paid by February 1st or the Member's name will be dropped from the Roster.

I am renewing my membership (includes the *Engine Booster*) as a (please check one of the following):

- R = Resident Members, \$100.00 (within 60 mile radius)
- P = Probationary Member, \$100.00 (within 60 mile radius)
- N = Non-Resident Member, \$30.00 (past 60 mile radius)
- J = Junior Member, \$20.00
- L = Low Income Member*, \$20.00 (BOD Approval)
- CH- = Charter Member, \$None
- HN- = Honorary Member, \$None
- SP- = Special Member, \$None (BOD Approval)

* Members requesting Low Income status must submit Form 019 (available from the Membership Chairperson) to the Board of Directors by January 1st for consideration at the January Board of Directors meeting. Also available on the web at: <http://www.lals.org>

Last Name: _____ First/MI/Nick Name: _____

Street Address: _____
 City: _____ State: _____ ZIP: _____
 Country (if other than USA): _____
 Published/Home Phone: _____ E-mail: _____
 Work: _____ Cell Phone: _____ FAX: _____

Two line limit; *=projects under construction:
 Line 1: _____
 Line 2: _____

I wish to receive the *Engine Booster* issues electronically via E-mail/web (BW) and not receive printed copies:
 Yes _____ No _____
 (If yes, be sure that your E-Mail address is correct above and that you have web access and Adobe Acrobat Reader.)

Monetary donations to LALS RM, a 501(c)(3) organization, are always welcomed! Donations are tax deductible.

I am including a donation in the amount of: \$100.00 _____, \$50.00 _____, \$25.00 _____, \$ _____ (other)

Please make your check or money order payable to "LALS RM" and mail with this completed form to:

Membership Chairperson
Los Angeles Live Steamers Railroad Museum
P.O. Box 2156
Toluca Lake, CA 91610

Or I wish to pay by Visa or MasterCard credit card:
 Cardholder's Name: _____ Zip Code where the card is billed to: _____
 Credit card#: _____ - _____ - _____ - _____ Exp Date: _____ / _____
 CVV2 code from back of card (last 3 digits where you sign your name): _____
 Authorized Signature: _____ Total amount to charge: _____

For office use only:

Check # _____ Check Date _____ - _____ - _____ Dues \$ _____ Donation \$ _____
 Cash \$ _____ Cash Date _____ - _____ - _____ Dues \$ _____ Donation \$ _____
 Check/Cash to Treasurer on _____ - _____ - _____ Information to Roster Database on _____ - _____ - _____