



APPLICATION FOR TCA MEMBERSHIP

Train Collectors Association™, National Business Office, PO Box 248, Strasburg, PA 17579

Instructions for the completion of this Application

- 1 All questions must be answered (***please print legibly***) and form signed by applicant.
- 2 **Applicant's dues payment** (cash, check or major credit card) **must accompany this application:**
 - \$50 for a full twelve-month membership; \$20 for a six-month trial membership;
 - \$25 for a twelve-month, under-age-25 membership.
- 3 Applicant's name, address, and TCA number will be published to the entire membership in the first *National Headquarters News* published after the member's application.

Applicant Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Email _____

Phone _____ Gender _____ Date of Birth _____ / _____ / _____

TYPE OF MEMBERSHIP APPLYING FOR:	<input type="checkbox"/> Trial Membership (6 MONTHS)	<input type="checkbox"/> Full Membership (12 MONTHS)	<input type="checkbox"/> Junior Membership (12 MONTHS)
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Have you ever been a member of the TCA before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Note: You may be eligible to reinstate your previous TCA number!</i>
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In TCA Officer and Bylaws Elections, I prefer to vote:	<input type="checkbox"/> Online <i>I will be emailed a link to vote securely in each TCA Election</i>	<input type="checkbox"/> By Paper <i>I will vote via a ballot mailed to me by TCA in each TCA Election</i>
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I hereby subscribe to the purposes, policies and duties of its members as described in the bylaws of the Train Collectors Association™ (TCA). I also understand and agree to the admission procedures. I agree to comply with all of the rules and regulations of the TCA and its Divisions and Chapters in effect from time to time, specifically including all the rules and regulations of all TCA committees and any actions and rulings of all TCA Committees. I also agree that all items sold by me to any TCA Member or at any TCA-sponsored meet shall be sold on the basis that I represent that all such items are authentic and in the manufacturer's original condition unless I have caused any such item to be appropriately marked as a restoration or reproduction.

Applicant's Signature _____ Date _____

CREDIT CARD PAYMENT SLIP

Name *(as it appears on card)* _____

Daytime Phone _____ AMOUNT _____

Visa MasterCard Discover American Express

Expiration Date -

Credit Card # - - - CCV

Signature _____

(MUST BE SIGNED TO BE VALID)