

WASHINGTON STATE NATIONAL TRAIN DAY ASSOCIATION

# Membership Application

RETURN TO: wsntda@usa.com



Month / Year Joined:  /

**Membership**

- New
- Reinstated
- Renewing

**Membership Type:**

Member #

COMPANY \_\_\_\_\_ City: \_\_\_\_\_

LAST NAME

FIRST NAME

MIDDLE INITIAL / NAME:

OTHER ADDRESS INFO

ADDRESS LINE 1

ADDRESS LINE 2

CITY:

STATE / PROVINCE:

- MALE
- FEMALE

COUNTRY:

ZIP / POSTAL CODE:

HOME PHONE NUMBER:

CELL PHONE NUMBER:

WORK PHONE NUMBER:

FAX NUMBER:

E-MAIL:



Please do not send promotions

**REINSTATEMENT**

LAST NAME

FIRST NAME

MIDDLE INITIAL / NAME:

MEMBER NUMBER

**WASHINGTON STATE NATIONAL TRAIN DAY ASSOCIATION  
Credit Card Payment Authorization**

**WSNTDA MEMBERSHIP APPLICATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

**Cardholder Information**

Name on the Card: \_\_\_\_\_

Mastercard     Visa

Credit Card Number ---

Expiration date:  /                       Card Security Code\*

\*In the signature box on the back of the card, you should see either the entire 16-digit credit card number or just the last four digits followed by a 3-digit code. This 3-digit code is your Card Security Code.

**I authorize the Washington State National Train Day Association to charge the processing fee for WSNTDA MEMBERSHIP In Amount of \$\_\_\_\_\_ to my credit card.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

WASHINGTON STATE NATIONAL TRAIN DAY ASSOCIATION  
<http://www.atdlines.com/wsntda.htm>

Return Membership Application To: [wsntda@usa.com](mailto:wsntda@usa.com)