

CRHA Application Form

| Mail with your check payable to the Canadian Railroad Historical Association: |
|--|
| Please fill the requested information : |
| Name : |
| Address: |
| City: |
| Prov. / State : |
| Country: |
| Postal Code : |
| Email: |
| Telephone: |
| Number of your actual CRHA Membership: Number of your actual Friend of the Museum Membership: |
| Make your choice as: Regular Membership – Membership fees - Make your choice: Canada \$50.00 (CA) – USA \$50.00 (US) – Others \$85.00 (CA) Friend of the Museum– Make your choice: Canada \$110.00 (CA) – USA \$110.00 (US) – Other \$137.00 (CA) |
| Check the bock - Send me information on my nearest Division. |
| Mail with your check to : CRHA Membership Services 110, St-Pierre Street St-Constant (Quebec) |

Canada J5A 1G7

Office: (450) 638-1522

Email: gerald.bouchard@exporail.org

Web Site: www.exporail.org

PRINT