

BECOME A MEMBER TODAY!

You can complete and mail this Membership Form directly to the Rail Passengers Association office!

Rail Passengers Association

Attention:Membership Form
1200 G Street NW, Suite 520
Washington, DC 20005

Remember to:



Make your check payable to Rail Passengers Association
Sign your check
Include the card expiration date and CVV number

MEMBER INFORMATION

Circle your Salutation of choice: Mr. Mrs. Ms. Mx. Dr. None Other: _____

Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____ Zip Code: _____

Primary Phone Number: _____ Home ☐ Mobile ☐

Email Address: _____

TYPE OF MEMBERSHIP

☐ Individual \$60/year ☐ Student \$50/year ☐ Senior \$50/year ☐ Family \$80/year ☐ Sustaining \$125/year ☐ Advocate Bronze \$160/year

☐ Advocate Silver \$290/year ☐ Advocate Gold \$550/year ☐ Silver Rail Society \$1,000/year ☐ Silver Rail Society PLUS \$2,500/year

☐ Please contact me so I can add sub-members to my account.

☐ Check here if Billing Information is same as member information above

Payment Type: Check, Money Order, Visa, MasterCard, American Express, Discover

- If paying by check or money order, please enclose and mail back.
- If paying by credit card, please fill out the below information and mail back.

Credit Card Number: _____

Cardholder Name: _____

(NOTE: Without an accurate expiration date and CVV, we will not be able to process your membership)

Expiration Date (MM/YY): ____/____ **CVV:** _____

Signature: _____ **Date:** _____

BILLING ADDRESS (IF DIFFERENT FROM ADDRESS PROVIDED ABOVE)

Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____ Zip Code: _____