The Waushakum Live Steamers

Application for Membership

(This application must be printed, do not send applications via eMail)

Date:	
Personal Information	
Name: Spon	sor:
Address:	
City: State:	_ Zip:
Phone: eMa	ail:
Sponsor's Name:	
Membership Category (check one)	
Full/ Associate/ Affiliate Junior/	
Locomotives:	
Stationary:	
Other:	
Please return your completed application, with a check f	or the appropriate fees to:
The Waushakum Live Steamers P.O. Box 6034 Holliston, MA 01746	
Membership Fees (Please read membership category requirements)	President
Full Membership: \$100.00 Associate: \$50.00 Affiliate: \$15.00 Junior: \$15.00	Secretary Date

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