



ALL POINTS NORTH MODEL RAILROAD CLUB

611 South Magnolia Drive, Conroe, TX 77301

APPLICATION FOR MEMBERSHIP

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

E-mail address: _____

Occupation: _____

In case of emergency contact: _____

Telephone: _____ relationship: _____

Reason for wanting to join the club:

How did you hear about us?

Over 21 years of age: YES NO

(Continued on reverse side)



PERSONAL INTERESTS IN MODEL RAILROADING

Are you currently involved in model railroading? Yes No What scale(s)? _____

How long have you been involved in model railroading? _____

Do you belong to other organizations/groups related to model railroading? Yes No

Please list them _____

Do you have a layout at home? Yes No

Please describe your experiences with the hobby of model railroading. (Membership is not contingent upon experience)

Which railroad companies and historical eras are you most interested in modeling?

List any special skills you have for model railroading (example: electrical, electronics, airbrushing techniques, drafting, woodworking, decaling, scenery, etc.):

What is your modeling skill level? (Novice / Intermediate / Advanced)

What aspects of model railroading are you especially interested in?

Which aspects of model railroading would you *probably* be the most interested in becoming involved with, or learning more about, as a member of the APN Model Railroad Club? (Check all that apply)

	Could Contribute	Want to learn more	Comments
Scenery	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clinics / Classes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bench work	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assembling / painting / maintaining rolling stock	<input type="checkbox"/>	<input type="checkbox"/>	_____
Track work	<input type="checkbox"/>	<input type="checkbox"/>	_____
Buildings / Structures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Weathering techniques	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wiring / Electrical	<input type="checkbox"/>	<input type="checkbox"/>	_____
Realistic operations	<input type="checkbox"/>	<input type="checkbox"/>	_____
Others?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional comments [optional]:
