

Central Florida Railway Historical Society, Inc.

2025 Membership Application/Renewal Form

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ B _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Birthday (Month & Day): _____

Please Choose the Type of Membership You Are Requesting by Marking the Appropriate Box.

Society Member \$45.00 Per Year \$ _____

Society Century Member \$100.00 Per Year \$ _____

Society Friend \$25.00 Per Year \$ _____

Society Family Member \$10.00 Per Year \$ _____

Society Student Member \$15.00 Per Year \$ _____

Bronze Sponsor Member Per Year \$ _____

Silver Sponsor Member \$500.00 Per Year \$ _____

Gold Sponsor Member \$ _____

Platinum Sponsor Member \$ _____

Diamond Sponsor Member \$2000.00 Per Year \$ _____

Name Tag: \$11.00 \$ _____

*Indicate On The Line Below How You Would Like Your Name to Appear.
Check The Box To The Left And Enter The Amount On The Line To The Right.*

_____ **BBB** **TOTAL** \$ _____

NOTE * Memberships Do Not Have the Right to Vote or Hold Office in the Society.

Please Make Check Payable To: Central Florida Railway Historical Society, Inc.
Mail Form And Payment To:

Central Florida Railway Historical Society, Inc.
PO Box 770567
Winter Garden, FL 34777-0567