

Illinois Traction Society Membership Application

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE NUMBER:		
EMAIL ADDRESS:		
If you would, please indicate how you learned of th	ne Illinois Traction Societ	y:
Calendar Web Site Train Show / Meet Friend Book Other		
MEMBERSHIP DUES: Check your membership (Classification of membership will be kept confident		services received)
\$35.00 Regular Membership \$45.00 Contributing Membership (Contributin \$25.00 Retired or Financially Handicapped \$50.00 Corporate	ng includes a \$10.00 tax d	eductible charitable contribution)
Please send your completed application with a check Society to:	k or money order in US do	llars made payable to Illinois Traction
	Iembership Service	S
	P. O. Box 138 lin, MO 64631-0138	
The ITS SENIORITY ROSTER is a listing of the mer for the use of its members. It is not intended or perm please indicate your preference to opt out below. Please indicate your preference to opt out below.	mbers of the Illinois Tracti nitted to be used for a mail	on Society. It is published once a year solelying list. If you do NOT wish to be listed,
 Please omit me from the ITS Seniority Research Please publish only my name in the ITS seniority Research Please publish only my name, city, and seniority 	Seniority Roster	oster