



MEMBERSHIP APPLICATION

Date ___/___/___

New Renewal

Individual *Corporate

Member Name (Full) _____ Referred by: _____

* Corporate Name _____


Spouse/2nd family member name _____

Address _____

City _____ State _____ Zip _____ + _____

Phone _____ Cell Phone _____ Other Phone _____

Email Address _____

Are you a member of RPA (originally NARP)?  Yes No

- Student \$25.00
- Regular/Spouse/family \$35.00
- Copper Spike \$50.00
- Silver Spike \$100.00 Corporate Silver Spike
- Gold Spike \$500.00 Corporate Gold Spike
- Platinum Spike \$1000.00 Corporate Platinum Spike
- Donation \$_____.
- Add "Steel Wheels" \$10.00
by mail

TOTAL: \$ _____

PAY BY CHECK: Pay to the order of *All Aboard Arizona*

CREDIT CARD: (circle one) VISA MC DISC CARD # _____

Expiration MO _____ YR _____ CID# _____

SEND TO: TREASURER, ALL ABOARD ARIZONA, P.O. BOX 11978, PRESCOTT, AZ 86304

Register on line - see web site AllAboardArizona.org

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INTERNAL REVENUE SERVICE**