

CONNECTICUT S GAUGERS MEMBERSHIP APPLICATION

NAME:_____

ADDRESS:_____

CITY:_____ STATE_____ ZIP_____

PHONE:_(____)_____ BEST TIME TO CALL:_____

E-MAIL ADDRESS:_____

MY INTERESTS ARE:_____

(AF, Hirail, Scale, Operator, Collector, etc...)

HAVE AN OPERATING LAYOUT? YES___ NO___ SIZE: ___ X ___

AREAS OF EXPERTISE:_____

OTHER CLUB AFFILIATION:_____

WOULD YOU BE INTERESTED IN BUILDING A MODULE?_____