AMERICAN TRAIN DISPATCHERS ASSOCIATION
4239 West 150th Street
Cleveland, Ohio 44135
Phone 216-251-7984
Fax 216-251-8190

APPLICATION FOR MEMBERSHIP

First Name | MI | Last Name

Street Address

City | State | Zip Code

The amount enclosed $ _____ is payment for the initiation fee and first months dues which I understand must accompany this application.

Soc. Sec. Number | RR Employee No. | MEMBERSHIP DATE MONTH DAY YEAR

Birthdate

CRAFT Select one

e-mail Address

STATUS ACTIVE

EMPLOYER Select One

Phone Number

OFFICE

YOUR LOCAL REPRESENTATIVE

Endorsed by: _____ and _____

All aplications must be endorsed by two members in good standing and forwarded to the Secretary-Treasurer

Please complete form, print, then fax or mail to the Secretary Treasurer