

MARP Membership Application

Name _____

Address _____

Apt/Unit# _____

City _____ State _____ Zip _____

Phone (_____) _____

E-mail * _____

* We do not sell, rent, or trade e-mail addresses. We use e-mails for important, time-sensitive news, and when urgent phone calls are needed to elected officials.

Send check or money order payable to:

MICHIGAN ASSOCIATION OF RAILROAD PASSENGERS, Inc.
P.O. Box 510842
Livonia, MI 48151-6842

MEMBERSHIP

DUES

- | | |
|--|-------|
| <input type="checkbox"/> Student (under 21) | \$15 |
| <input type="checkbox"/> Seniors (65+) | \$15 |
| <input type="checkbox"/> Individual | \$25 |
| <input type="checkbox"/> Family | \$30 |
| <input type="checkbox"/> Advocate | \$50 |
| <input type="checkbox"/> First Class | \$100 |
| <input type="checkbox"/> Life | \$500 |
| <input type="checkbox"/> Contact me - I want to be ACTIVE! | |
| <input type="checkbox"/> Please send me info on the <i>National Association of RR Passengers</i> | |
| <input type="checkbox"/> I want to be notified by phone or email not more than 4 times per year when critical issues arise | |

Additional Donation \$ _____

Amount Enclosed \$ _____