Instructions

Please complete both the TCA National and TCA Southern Division applications.

Note that in order to apply for membership in the TCA Southern Division, you must also apply for membership in TCA National, or be a member of TCA National.

Return the completed application for the TCA Southern Division with a \$15 check, made out to *TCA Southern Division* to:

Dienzel Dennis 2705 Dayflower Cove New Smyrna Beach, Florida 32168

And return your completed TCA National application with a \$60 check to:

Train Collectors Association Department A P.O. Box 248 Strasburg, PA 17579-0248

Thank you!

Dienzel Dennis Secretary, TCA Southern Division

Please note that the included credit card payment slip can not be used to pay the Southern Division dues, it can only be used to pay the TCA National membership dues.





Application for Membership in The Southern Division of the Train Collectors Association





Please complete all information, and legibly print.

Name:				
Address:	Apt. or Unit #			
City:	State: Zip Code:			
Home Phone: ()	Cell Phone: ()			
Email:				
Spouse's Name:	Number of Children Under Age 18:			
I currently am a member in good standing of OR I have applied for TCA membership I collect the following types/makes of trains:	the TCA, and my TCA number is:but have not yet received my number			
Primary Gauge: Pre-Wa	ar Post-War Modern or current production			
I have an operating layout. I would consider host	ng an open house. I would consider hosting a meet.			
I would consider writing articles for <i>The Laye</i>	out (quarterly newsletter). I can provide website help.			
I would like to receive my copy of <i>The Lay</i>	out by email (color) or U.S. mail (black & white)			
I can help with: meet advertising meet se	cheduling meet halls I can take photos at meets			
Applicant's Signature:	Date:			
\$15 payable to	your check or money order for "TCA Southern Division" and oplication form to the SD Secretary:			
	Dienzel Dennis 05 Dayflower Cove nyrna Beach, FL 32168			
SOUT	HERN DIVISION USE:			
TCA Number:	SD Number:			
Check or Money Order Number:	Date Received:			



APPLICATION FOR TCA MEMBERSHIP

Frain Collectors Association™ National Business Office, PO Box 248, Strasburg, PA 17579

Instructions for the completion of form:

- 1. All questions must be answered (please print legibly) and form signed by applicant.
- Applicant's dues payment (cash, check or major credit card) must accompany this application:
 \$50 for a full twelve-month membership;
 \$20 for a six-month trial membership;
 \$25 for a twelve-month, under-age-25 membership.
- 3. Applicant's name, address, and TCA number will be published to the entire membership in the first National Headquarters News published after the member's application.

Applicant Name	7			
Address				
City State	Zip	Co	ountry	
Email Address				
Phone	Gender	Date of Birth_	/	
	Membership MONTHS)	Full Members (12 MONTHS		
Have you ever been a member of the TCA b	pefore? Ye	29	ote: You may be eligible to instate your old TCA number!	
In TCA Officer and Bylaws Elections, I prefer to vote: Online	I will be emaile Iink to vote sec in each TCA E	curely By	I will vote via a ballot Paper mailed to me by TCA in each TCA Election	
I hereby subscribe to the purposes, policies and duties of its members as described in the bylaws of the Train Collectors Association™ (TCA). I also understand and agree to the admission procedures. I agree to comply with all of the rules and regulations of the TCA and its Divisions and Chapters in effect from time to time, specifically including all the rules and regulations of all TCA committees and any actions and rulings of all TCA Committees. I also agree that all items sold by me to any TCA Member or at any TCA-sponsored meet shall be sold on the basis that I represent that all such items are authentic and in the manufacturer's original condition unless I have caused any such item to be appropriately marked as a restoration or reproduction.				
Applicant's Signature		Da	te	
"Win Big" Recruiter Info:				
Member Name	TCA #	<u> </u>	_ Division	

200 Expiration Date_ AMOUNT **CREDIT CARD PAYMENT SLIP** Discover American Express ı MasterCard Name (as it appears on card) Daytime Phone_ Credit Card # Visa Signature