



Membership Application

Date of Application: _____

*First Name: _____ *Last Name: _____

*Email Address: _____

*Mailing Address: _____

City _____ State _____ Zip Code _____
Phone #s: Home (____) _____ Work (____) _____ Cell (____) _____

* **Required field**

Desired Membership Level *(Checks Only Please):*

- Associate (\$25 Annually)
 Supporter (\$50 Annually)
 Benefactor (\$100 Annually)
 Other
 Volunteer on a Project

For a contribution of \$100 or more, you will be Benefactor. At this level, Friends of the Northern Flyer Alliance, Inc. can more effectively educate the public as to the societal benefits of passenger rail investment and travel. Thank you for your contribution.

Send this completed form to:

Friends of the NFA
3305 W. Charleston Ct
Stillwater, OK 74074

THANK YOU FOR YOUR SUPPORT!

If you have questions, please contact:

Gary Lanman
glanman@mac.com
580-762-9486