

Membership Application

Date of Application:		
*First Name:	st Name:*Last Name:	
*Email Address:		
*Mailing Address:		
City Phone #s: Home ()	State Work ()	Zip Code Cell ()
*Required field		
Desired Membership Lo	evel (Checks Only Please):	
Associate (\$25 Annually)Supporter (\$50 Annually)Benefactor (\$100 Annually)OtherVolunteer on a Project (see	ly)	
volunteer on a rioject (si	ee list on backy	
(All members giving \$100 or moindicated here that you prefer N		on FNFA's website unless
Send this completed form to: Northern Flyer Alliance 876 N. Diane Dr. Olathe, KS 66061		

THANK YOU FOR YOUR SUPPORT!

WE NEED VOLUNTEERS!

List of Projects we need help with:
Train Day - first week of May
Train Shows across the Tri-State region
Fairs (County and State) across the Tri-State region
Fall Festivals
Volunteer Coordinator
Other – please describe below:
If you have questions, please contact:

If you have questions, please contact Mark Corriston 876 N. Diane Dr. Olathe, KS 66061