

AMERICAN TRAIN DISPATCHERS ASSOCIATION

4239 West 150<sup>th</sup> Street

Cleveland, Ohio 44135

Phone 216-251-7984

Fax 216-251-8190



APPLICATION FOR MEMBERSHIP

\*\* All fields must be completed to process your application \*\*

First Name [ ] MI [ ] Last Name [ ]

Street Address [ ]

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

City [ ] State [ ] Zip Code [ ]

Soc. Sec. Number [ ] RR Employee No. [ ] First Full Day of Service [ ]

Birthdate [ ]

Craft [ ]

Email Address [ ]

Status [ ]

Phone Number [ ]

Employer [ ]

Office [ ]

Your Local Representative [ ]

Endorsed by: \_\_\_\_\_ and \_\_\_\_\_

All applications must be endorsed by two members in good standing and forwarded to the Secretary-Treasurer. Please complete the form, print, then fax or mail.