

# NEW JERSEY LIVE STEAMERS, INC.

## 2010 Dues Notification

**Please fill in all information and return this entire page with your payment.**

*Thank you in advance for your membership, your generosity, and your commitment to NJLS!*

Membership dues must be paid by **January 1st**. Any member whose dues are not paid by the January business meeting is not in good standing and may have his membership cancelled at the February business meeting. Members accepted during October and November 2009 are considered paid through December 2010.

### PLEASE CHECK ONE:

- Regular Member = \$150**                       **Regular Retired Member\* = \$75**  
 **Associate Member = \$ 25**                       **Junior Member (thru 17 yrs. old) = \$ 5**

\* Regular Retired Members are only those approved by the Board prior to the rules change.

**Make your check payable to: New Jersey Live Steamers**

Mail your payment to:  
**New Jersey Live Steamers**  
**Treasurer**  
**P.O. Box 205**  
**Liberty Corner, NJ 07938**

**Additional Note to Regular Members:** 2010 Storage Building Maintenance Fees must be paid to the Treasurer prior to the May 2010 business meeting at the address above. Secondary occupants of the 1½" Enginehouse and Car barn are not required to pay a fee to the N.J.L.S. They may contribute to the primary occupant's fee.

**Enter track or  
bay # here:**

Check	<input type="checkbox"/> Med. 1½" Enginehouse (bay 1-4)	\$92	_____
all	<input type="checkbox"/> ½ Long 1½" Enginehouse (bay 5-6)	\$63.50	_____
that	<input type="checkbox"/> Small 1½" Enginehouse (bay 7-11)	\$66	_____
apply:	<input type="checkbox"/> 1½" Car barn track	\$80	_____
	<input type="checkbox"/> Elevated steaming bay	\$20	_____
	<input type="checkbox"/> Elevated steaming bay sec. occupant:	\$20	_____

**Additional donation I am making: \$ \_\_\_\_\_ Total amount enclosed: \$ \_\_\_\_\_**

Please print ALL the information requested below. Check the box next to any information that has changed from last year.

- o Name: \_\_\_\_\_
- o Address: \_\_\_\_\_
- o City/State/Zip: \_\_\_\_\_
- o Phone: \_\_\_\_\_
- o Spouse's Name (optional): \_\_\_\_\_
- o E-mail: \_\_\_\_\_

For NJLS Treasurer's Use:

Dep. \_\_\_\_\_

CK# \_\_\_\_\_