

**MIDWEST ASSOCIATION OF RAIL SHIPPERS
APPLICATION FOR MEMBERSHIP**

Name & Title _____

Firm _____

Street Address _____

City, State & Zip code _____

E-Mail _____

Phone _____ Fax _____

OR PLEASE ATTACH BUSINESS CARD SHOWING E-MAIL ADDRESS

Qualifications for membership are listed in the by-laws.

ANNUAL DUES _____ \$25.00

DONATION TO SUPPORT MARS PROGRAMS AND SCHOLARSHIP FUND
APPRECIATED AND ACKNOWLEDGED _____

TOTAL _____

Please return this form with your check payable to the MIDWEST ASSOCIATION OF RAIL SHIPPERS or, if paying by credit card, (circle one) Master Card, Visa or American Express and

CARD NUMBER _____

Expiration Date _____ And name on credit card if different than above _____

SEND TO:

**WILLIAM R. SCHAUER
MIDWEST ASSOCIATION OF RAIL SHIPPERS
POST OFFICE BOX 357
WAYNE, IL. 60184
PHONE: 630-513-6700 FAX: 866-746-0071
EMAIL: WRSCHAUER@SBCGLOBAL.NET**