



Please print legibly and fill out form completely

Kids Club/TCA Teen Applicant Name: \_\_\_\_\_

Full Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant or Guardian email: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

By signing I agree to my child's participation in this program and to their photo being used if taken during an Association activity

Application Date: \_\_\_\_\_

Application can be mailed to **TCA Youth Clubs PO Box 248 Strasburg, PA 17579-0248**  
Questions? Email Amy, TCA Membership Coordinator, at [membership@traincollectors.org](mailto:membership@traincollectors.org)