

MEMBERSHIP APPLICATION FORM: Use for Renewal, New Membership or any Change. Please check applicable boxes:

NAME _____

RENEWAL

RETIREED FROM _____ YEAR _____

NEW MEMBER

CHANGE

SPOUSE'S NAME _____

ADDRESS E-MAIL PHONE NUMBER

Membership fee: \$7.00 per year
please send form with check, if applicable, to:

STREET _____

Bill Ridge

391 Windsor Drive

CITY _____

Harleysville, PA 19438

Wlridge@verizon.net

STATE _____ ZIP _____ TELEPHONE _____ (May we include number in our membership listing?)

PLEASE circleYES or NO

Optional: FAX: _____ E-MAIL: _____

DO YOU WANT NEWSBITS DELIVERED VIA E-MAIL? PLEASE circleYES or NO

Checks should be made payable to: UNISYS BLUE BELL RETIREES GROUP