

**BENDIX SALARIED RETIREES CLUB
MEMBERSHIP APPLICATION - 2011**

NAME _____ BIRTHDAY * _____

*year optional

SPOUSE _____ BIRTHDAY * _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ WEDDING DATE _____

EMAIL ADDRESS _____

****EMPLOYMENT DATE: _____ DATE RETIRED _____**

**** (Must be prior to 1983-Subject to Board approval)**

DID YOU RETIRE AS A SALARIED EMPLOYEE? _____ (Yes-No)

DO YOU RECEIVE A PENSION? _____ (Yes-No)

This membership application and a \$15.00 check, payable to the “Bendix Salaried Retirees Club” will be submitted to the Board of Directors for consideration at its next regularly scheduled meeting (1st Thursday of the month). You will be promptly advised of their decision. If you and your spouse are both eligible to join, the \$15.00 annual dues will cover you both.

**Send the application and check to: Donald L. Mitchell
26375 Sweetbrair St
Edwardsburg, MI 49112-9106
Phone 269-663-8466**

P.S. Let us know what Div. & Dept. you were in at time of separation (For those who may not have known you at Bendix).

Div. _____ Dept. # _____

**Thank You,
Donald L. Mitchell, 2nd VP
membershipvp@bendixsb.org**