



AEA Community ImpAct! Club

Membership Application/Renewal Form

Name: _____
 Street Address: _____
 City, State, Zip: _____
 Mail Station, Building/Room#: _____
 Contact Phone: _____ E-mail: _____

Membership Type:
Are you joining by yourself or with your family*? Individual / Family
 Please provide names and mark as appropriate:

	Name	Child?	Relationship to Aerospace Corp.			
			Current Employee	Retiree	Family	None / Other
1	Self					
2						
3						
4						
5						
6						

* Family = 2 or more people in a nuclear or immediate family

Membership Dues:
 If joining as an **individual - pay \$10**, if as a **family - pay \$20**.
 Send cash or make checks payable to AEA Community Impact Club
 Note: Membership dues must be paid by September 1 of each year. If joining after March 1, pay only half of the full year's dues.

Please recommend or tell us what activities you are interested in:

Besides attending meetings and participating in Club programs, I would like to....
 ___ Serve as an officer ___ Plan events
 ___ Other ideas: _____

Make checks payable to: AEA Community Impact
Mail completed form and payment to: Eyal Amir at Mail Stop: **M1-178**