

WELCOME NEW MEMBER!

(Please print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Please check affiliations:

UAL active worker (Location/Dept) \_\_\_\_\_

AFA-CWA Retired Members \_\_\_\_\_

RUAEA UAL retiree \_\_\_\_\_

Clipped Wings \_\_\_\_\_

RUPA \_\_\_\_\_

IAM Local #1781 Retirees Assn. \_\_\_\_\_

Other Membership choices—

check preference : 1- year membership - \$10  
5-year membership – \$40  
lifetime membership – \$100  
Additional Support –

Please contact me:

(check preference) I am interested in making an endowment gift (this is now through the Southern Illinois University Endowment

I am interested in volunteering to help with UAHF projects

(Your membership choices are tax deductible to the extent permitted by law. UAHF is a 501c3 not-forprofit organization.

You will be sent a renewal reminder each year in the month of your initial membership.)

Thank you from the UAHF Board and Alliance Coalition.....

Please return this form along with your check made payable to UAHF and mail to:

**Marianne Holmes, Treasurer—UAHF, PO Box 1051, ARVADA CO 80001**