

**BENDIX SALARIED RETIREES CLUB
MEMBERSHIP APPLICATION - 2014**

NAME _____ BIRTHDAY * _____

*Year optional

SPOUSE _____ BIRTHDAY * _____

ADDRESS _____ WEDDING DATE _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

EMPLOYMENT DATE: _____ DATE RETIRED _____

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: John Richard, Jr.
51186 Streamwood Dr
Granger, IN 46530-7836
Phone 574-273-3909**

**P.S. Please 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,
John Richard, Jr., 2nd Vice President (Acting)
membershipvp@bendixsb.org**