**2023 MEMBERSHIP FORM - NNS**

 Please complete and return the form, with a $25 check payable to **AAA,** to Kimberly Jordan-Dillard, Dept. O69 B77-3

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *First Name Middle Name Last Name Suffix*

Last Name at Graduation if different than above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Applicable: NNS Current Dept.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NNS Current Bldg.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Apprentice Graduation Information**

Graduating Class Month/Year: \_\_\_\_\_\_\_\_\_ Graduating Trade Name/Dept.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please contact me about Alumni Volunteer Opportunities: (Circle One) Yes No

***Please list the Alumni Association Representative that assisted you with enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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***If you would like to pay your future dues by Payroll Deduction and receive an Alumni coin,***

***read the below statement and then sign, date, list your PERNR number and Current Dept. number.***

By my signature below, I authorize a payroll deduction of $25.00 to be paid on my behalf to the Apprentice Alumni Association for annual dues. I understand that the Payroll Department will make this deduction starting in **2024** and that the deduction will continue annually until such time as my employment terminates or this authorization is cancelled by me in writing. I further understand that any question as to the correctness of the amount deducted shall be resolved between me and the club, and that he Company will not be responsible for making corrections to deducted amounts, except in the case of clerical errors, which the Company will adjust promptly.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ PERNR: \_\_\_\_\_\_\_\_\_\_\_ Current Dept. Number: \_\_\_\_\_\_