



HAMILTON SUNDSTRAND ASSOCIATION REQUEST FOR MEMBERSHIP APPLICATION

Print this form and send a completed copy to the HSA Office at mail stop LLU5

I hereby apply for membership in the Hamilton Sundstrand Association. I further agree to abide by and be bound by the rules and regulations of the Association. A monthly dues of \$5.00 will be collected through payroll deduction.

Full Name: _____ Date: _____

Clock#: _____ Dept _____ Mail Stop: _____

Address: _____

City: _____ State: _____ Zip: _____

_____ Regular Member

_____ Spouse of an Association Member

The spouse (also employed by Hamilton Sundstrand) of a Hamilton Sundstrand Association member will be charged \$2.00 a month in dues. They will be entitled to enjoy all the benefits of the Association (excluding the Turkey/Ham and Gifts for the Children's Christmas Party). If the primary Association member discontinues membership, the spouse must then apply for regular membership.

Applicant Signature: _____