

XXR PIONEER CLUB
Membership Application – 2017
www.xeroxpioneerclub.org

Please complete the application form below and send it with your membership fee(s) of \$15.00 for employees and \$15.00 for each additional member residing at the same address. The fiscal year runs from January 1 through December 31 only; **dues are not pro-rated.**

Check one and complete the application below (please P-R-I-N-T)
() Membership Renewal () New Membership () New Address

Last Name: _____

First Name and Middle Initial: _____

Additional Member Name: _____

Street Address: _____

City, State, Zip: _____ Phone: (____) _____

Email: _____

******* Do not cut, reduce, or mutilate any part of this form *******

NEW MEMBERS ONLY: (complete information below)

Membership Eligibility for Primary Member: 50 yrs. of age or more and 5 or more years of service; D.O.B. _____ (optional)

Check one:

- ____ Xerox (employee/ retiree)
- ____ Xerox contract employee
- ____ Xerox affiliate employee - Affiliate organization: (Example: EDS, GE Capital, Xceedfinancial Credit Union, other _____)
- ____ Spouse/significant other/family member of eligible member

Years Served _____

Last Position _____

How did you hear about the Pioneer Club?

Word of Mouth ____ Flyer ____ Newspaper ____ Website ____ Other ____

Make check payable to **XXR Pioneer Club** and send it with completed application to the current club treasurer:

Diane LaDolce
18 Shanbrook Dr.
Rochester, NY 14612

OFFICE USE ONLY

Amount Paid: \$ _____ Check No: _____ Date: _____