



Rockwell Collins Museum Club Registration Form

Date: _____

Employee Contract Intern Division: CS GS Other _____

Spouse Retiree Mail Station: _____

Printed Name _____

Home Address _____

City _____, IA Zip code _____ Home Phone _____

Email _____ Work Phone _____

I have enclosed annual dues of \$15.00. Cash Check - Payable to Rockwell Collins Museum Club

I am interested in volunteering for _____.

Please provide any suggestions and/or comments on the reverse side. Please return this sheet with your payment to:
Dick Siefers, M/S: 124-318, 400 Collins Road N.E., Cedar Rapids, IA 52498.

FOR OFFICE USE ONLY

Office Signature: _____ Date: _____

Subsidized Participant: @ \$ _____ Non-subsidized Participant @\$ _____

Receipt # _____