



## 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 # \_\_\_\_\_