MOTOROLA AUSTIN ALUMNI CLUB Membership Application

NAME:		YEARS OF SERVICE:	
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	E-MAIL: (Please note if you do NO		
	(Please note if you do NO	OT have computer access or email)	
SPOUSE'S NAME (If applicab	le):		
HOW DID YOU HEAR ABOU	T THE CLUB?		
	rson per year, due by February's meeting. (\$7 reduced rate: \$10.00 per year	7.50 after June 30 – first year only)	
TO JOIN THE CLUB, PRINT If you have trouble print	AND FILL OUT THIS FORM ing or downloading this form, send an email t	o ray.voith@att.net	
SEND WITH DUES (\$15.00 pe	r person) TO:		
Cal Gooden			
1101 Castle Ct.			
Austin, Tx. 78703			
MAKE CHECKS PAYABLE T			
Don't forget that Spouses need	to be members also. We need your other half		