

MINNREG VETERANS ASSOCIATION (MVA) MEMBERSHIP APPLICATION

You are invited to join the MINNREG VETERANS ASSOCIATION (MVA), a social and Community Volunteer organization of Honeywell active employees, retirees and their spouses.

Minnreg Meetings are held at 5:30 P.M. every third Wednesday of each month except July and December in the Minnreg Building. Dinner is served at each meeting.

Retirees' Meetings are held at 1:30 P.M. every third Wednesday of each month except January and August in the Minnreg Building. Lunch is served at each meeting, and we often have a special presentation or speaker.

Must be 21 years of age. **Annual dues** for joining the MVA is \$30 per year for each current or former employee and \$20 per year for each Retirees. Dues are payable in full upon approval of this application. Make checks **payable** to Minnreg Veterans Association and mail to the address below.

TO JOIN THE MVA, COMPLETE THIS FORM AND RETURN IT TO:

Membership Chairman:
Minnreg Veterans Association
Attention Membership Committee
6340 126th Ave. No.
Largo, FL 33773-1820

MVA Office is located in the
Minnreg Hall
E-Mail Add: hwretirees@gmail.com
Telephone: (727) 260-7498
Web: <http://honeywellretireesclub.com/>

Please provide E-MAIL information:

Membership in the club places your name on the mailing list for the MVA monthly newsletter via E-mail delivery (the mailing list is not used for any other purpose) and is free to members:

Do you desire the newsletter by e-mail:	Yes	No
E-mail address:		

Please provide MEMBER** information

<input type="checkbox"/> Current Employee	<input type="checkbox"/> Former Employee	<input type="checkbox"/> Retiree	<input type="checkbox"/> Spouse
Sponsoring Member's Name	Membership Tie-In (spouse, customer, friend, etc)		

** A Member can be anyone affiliated with Honeywell Inc., adult family member of Honeywell employees or retirees, customer representatives, and those contracted to provide regular services within the Honeywell facility, or friend or guest recommended by any of the above as long as they are approved by the Minnreg Executive Board.

Please provide MEMBER information:

First Name	Middle Init	Last Name	Nickname	Birthday (mon/day)

Please provide SPOUSE information:

First Name	Middle Init	Last Name	Nickname	Birthday (mon/day)

Please provide PRIMARY ADDRESS information:

Street	City	State	Zip+4	Phone
Mobile phone number:				

Please provide SECONDARY ADDRESS information (if applicable):

Street	City	State	Zip+4	Phone
Secondary address start date:		Secondary address end date:		