

**BRANIFF RETIREMENT CLUB MEMBERSHIP APPLICATION**

(PLEASE PRINT)

Employees Full Name \_\_\_\_\_

Spouse Full Name \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Phone No. \_\_\_\_\_ E-Mail \_\_\_\_\_

Birth Date (His) \_\_\_\_\_ (Hers) \_\_\_\_\_

Marriage Anniversary Date \_\_\_\_\_

Clock Number \_\_\_\_\_ Hiring Date \_\_\_\_\_ Dept. Worked \_\_\_\_\_

**Note:** Dues \$15 per year per person (Employee & Spouse \$30)

Lifetime Membership \$60 per person (Employee & Spouse \$120)

**Mail check to:----- Braniff Retirement Club  
1225 Ashwood Drive  
Lewisville, TX. 75067-4327  
Phone: 972-436-3762  
"E" prezjoynes@yahoo.com**