General Electric Employee Activities Association, INC. **www.geeaa.org** **Affiliate's Application**
(Please print or type)

_____ _____ _____ _____
Last Name First Initial SSN (last 5 digits)

Street: _____ City: _____ State: _____ Zip Code: _____

Home Phone #: (____) - _____- _____ Employee: _____ Work Phone #: (____) -____ - _____

Email: _____

Eligibility includes (please check one):	Expanded Family Membership:
( ) Spouse or children of Deceased GE employee ( ) Personnel working at GE as contracted services ( ) GE Employee on protective service ( ) GE Employee on leave of absence ( ) Air Force personnel working at a GE Facility ( ) GE Co-op employee ( ) Once a member, always a member ( ) GE Vested rights employee (5years) ( ) GE Employee on LOW. ( ) GE Employee other than GEAE	GEEAA Sponsor: _____ SSN (last 5 digits):_____ Address:_____ City _____ State_____ Zip: _____ Home Phone: (_____) _____ -_____

Application for Identification Passes

Married - Single (circle one): Single members living with relatives may obtain ID Passes for all members of the household**.**

Spouse's Name: _____

Dependent Children: + Eligible Relatives	Name:	Age:	Year of Birth:
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

ID Passes issued, based on the above information, will be non-transferable. It is necessary to present an identification pass to gain entrance to the park.

To the best of my knowledge the above information is correct. Penalty for falsification of information on this form will be suspension of membership in the GEEAA.

Signature: _____ Date: _____

Note: Please complete the above form and return to:

GEEAA -or- GEEAA Park
1 Neumann Way, MD-E30 12110 Princeton Pike
Cincinnati, Ohio 45215-6301 Cincinnati, Ohio 45246

Membership Dues: ….. $ 114
(Annual rate, includes sales tax)

Phone: 513-243-2021 E-mail: connie.sternberg@ge.com

Visa or MC (circle one) #_____ Exp Date: _____ Signature: _____

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For office use only:

Amount: $ _____ Check # _____ Credit_____ Date: _____ Collected By: _____