

SUPPLEMENTAL ACTIVITY REGISTRATION FORM

To be used for participants not listed on Activity Roster Form

Name _____ Ext. _____ Mail Drop _____

Home Address: _____

Home Phone: _____

Email Address: _____

Activity **Collins Model Aviators** Participation Fee: **\$20.00**

AMA Number: _____ Cash/Check, Check# _____

AMA Membership _____ (Circle One)

Valid through Year: _____

Radio Channels Used: _____

If paying by check, make the check out to "Collins Model Aviators"

Activity Coordinator: **Lloyd Swanson (MS 130-112)**
David Shema (MS 131-102)

Indicate Status _____

(E=Employee, S=Spouse, R=Retiree, C=Contract)

Division: _____

RELEASE:

I understand that the above named activity is sponsored for recreational purposes only. I also understand the nature of the activity including its possible risks and voluntarily register for participation.

I hereby release Rockwell Collins from any claims, demands or damages because of injury or death, other than customary and reasonable medical expenses under the existing company medical plan, resulting in any way from participation in this activity.

Signature Date

**Subsidized participants are defined as current employees, retired employees, and spouses of the above. Inclusion of non-subsidized participants will be subject to each individual program's concurrence.

FOR OFFICE USE ONLY

Office Signature _____ Date _____

Subsidized Participant: @ _____ Non-Subsidized Part.: @\$ _____

\$

Invoice # _____

CMA Membership Form Supplemental Information

Annual Dues:

\$20.00 Regular Membership. Dues for are CALENDAR YEAR, January through December

Eligibility for membership in CMA includes:

- a) Current Collins Employee/Spouse, or children thereof
- b) Retired Collins Employee/Spouse, or children thereof
- c) Current Collins Contract Employee, or children thereof
- d) Co-op Student

Payment

Make your check out to "Collins Model Aviators"
Mail to current CMA Secretary or President