## Syracuse Elfun Society Membership Application

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

I wish to receive communications from the **Syracuse Elfun Society** by (please check **ONLY 1**):

☐ E-mail ☐ Hard Copy

Please mail to: Syracuse Elfun Society
PO Box 36
Liverpool, NY 13088-0036

And enclose a check in the amount of **$20**, payable to "**Syracuse Elfun Society**"

_____

## Syracuse Elfun Society Information Update

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

I wish to receive communications from the **Syracuse Elfun Society** by (please check **ONLY 1**):

☐ E-mail ☐ Hard Copy ☐ I no longer wish to receive any communications

Please mail to: Syracuse Elfun Society
PO Box 36
Liverpool, NY 13088-0036