



# Apprentice Alumni Association

Newport News Shipbuilding  
PO Box 812  
Newport News, Virginia 23607

LYNNÉ PORTER  
President  
FRED PEEDLE  
Vice President  
KAREEM SOLOMON  
Membership Secretary  
SARAH GENTRY  
Corresponding Secretary  
KIMBERLY JORDAN-DILLARD  
Recording Secretary  
ANITA McCRAY  
Treasurer

## 2019 MEMBERSHIP FORM – HII FLEET SUPPORT GRP

Please complete and return the form, with a \$25 check payable to AAA, to Kareem Solomon, O19, B1744-5

Name: \_\_\_\_\_  
*First Name Middle Name Last Name Suffix*

Last Name at Graduation if different than above: \_\_\_\_\_ Nickname: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If Applicable: HII-FSG Current Dept.: \_\_\_\_\_ HII-FSG Current Bldg.: \_\_\_\_\_

### Apprentice Graduation Information

Graduating Class Year: \_\_\_\_\_ Graduating Trade Name/Dept.: \_\_\_\_\_

Home Town: \_\_\_\_\_ Home State: \_\_\_\_\_

Please contact me about Alumni Volunteer Opportunities: (Circle One) Yes No

*Please list the Alumni Association Representative that assisted you with enrollment:* \_\_\_\_\_

## 2020 PAYROLL DEDUCTION FORM

*If you would like to pay your future dues by Payroll Deduction and receive an Alumni coin, read the below statement and then sign, date, list your PERNR number and Current Dept. number.*

By my signature below, I authorize a payroll deduction of \$25.00 to be paid on my behalf to the Apprentice Alumni Association for annual dues. I understand that the Payroll Department will make this deduction starting in 2020 and that the deduction will continue annually until such time as my employment terminates or this authorization is cancelled by me in writing. I further understand that any question as to the correctness of the amount deducted shall be resolved between me and the club, and that the Company will not be responsible for making corrections to deducted amounts, except in the case of clerical errors, which the Company will adjust promptly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ PERNR: \_\_\_\_\_ Current Dept. Number: \_\_\_\_\_

Website: [www.nnapprentice.com](http://www.nnapprentice.com)

E-Mail: [Alumni@nnapprentice.com](mailto:Alumni@nnapprentice.com)