



Apprentice Alumni Association

Newport News Shipbuilding
PO Box 812
Newport News, Virginia 23607

JAMES R. COCHRAN
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Corresponding Secretary
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Recording Secretary
KAREEM SOLOMON
Treasurer

2019 MEMBERSHIP FORM - NNS

Please complete and return the form to Fred Peedle, E51, B902-1

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: NNS Current Dept.: _____ NNS 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: _____

2019 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 Apprenticeship Alumni Association for annual dues. I understand that the Payroll Department will make this deduction starting in **2019** 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

E-Mail: Alumni@nnapprentice.com