

2026 AMPRA MEMBERSHIP FORM

Dear Former or Retired AMP/TE Connectivity Employee and Family,

If you have already paid dues for this year, use this form to sign up a former colleague who is not yet a member.

It's time to **renew** your membership in **AMPRA**, the AMP Retirees Association, for the year 2026. If you are a former employee or a retiree of **AMP / TE Connectivity** or a family member, you are eligible for membership. **If you aren't already a member**, this is an easy and inexpensive opportunity to "sign up" and join.

A contribution of only \$10.00 a year includes membership for you and your spouse. Of course, we welcome larger membership contributions; that's entirely up to you, but most of all we invite you to join the **AMPRA** family and stay connected with many other friends and retirees from **AMP/TE Connectivity**. Your membership fee supports operating expenses such as record retention, printing and postage of a quarterly newsletter with info on upcoming events and an "In Memoriam" list of deceased AMP/TE friends. There is no age restriction to join. Spouses and immediate family of deceased former members are welcome to remain members with dues payment in the new year.

This membership form, a list of upcoming events, with sign up forms, and the "In Memoriam" list is on our website **AMPRA.net** as well as on Facebook at AMP/TE Connectivity Colleagues. We welcome non-member participation in all our events.

Please detach and complete the lower portion of this form and mail it to the following address. Make check payable to **AMPRA, Inc.** (do not send cash). Prompt return is requested.

AMPRA, Inc
PO Box 121
Hummelstown, PA 17036

Retain this top portion as your record of 2026 membership payment of \$ _____ Check# _____

Regards: Jane Jaffe, AMPRA President

Detach here:

Name _____

Spouse _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone (_____) _____ Cell Phone (_____) _____

Email Address: _____

2026 Dues Check # _____ **Dues Total \$** _____ **Additional contribution \$** _____

\$10 yearly membership includes spouse Are you interested in joining the Advisory Board? Yes _____ No _____

Signature: _____ Date _____