AMPRA INC
AMP FAMILY SHARING MEMORIES
www.AMPRA.NET

2027 MEMBERSHIP FORM
January 1, 2027 – December 31, 2027

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

AMPRA is celebrating its 50th Anniversary in 2027 and it's time to **renew** your membership in **AMPRA** for 2027. 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. Please feel free to use this form for "new" memberships.

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. Thank You.

AMPRA Inc.
P.O.BOX 121
Hummelstown, PA 17036

Retain this top portion as your record of 2027 membership payment of $ _____ Check# _____

Regards, Jane Jaffe, President

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Name: _____ Spouse: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____ Cell: _____

Email: _____

2027 Dues: Check #: _____ Dues Total: _____ Additional Contribution: _____

$10 yearly membership includes spouse. Are you interested in joining the Advisory Board: Yes ____ No _____

Signature: _____ Date: _____