

FAIR ALLIANCE INC.
(Ford Actions Impacting Retirees)
Membership Registration Form
Form Revised 10/09
(Please Print Clearly)

Last Name _____ First Name _____

Street Address _____

City, State, Zip Code _____

Email Address _____

Telephone # _____ Cell # Optional _____

Year Retired _____ Location/Plant _____

Years at Ford _____ Visteon _____ Last job Title _____

Any other Ford/Visteon retiree in same household? _____ Name _____

Do you authorize your email address added to our secured web site? _____
If **NO**, your identity will remain confidential and **will not** be reviewed by anyone.

Are you interested in serving on a committee? _____ Board of Directors? _____

Annual dues of \$25 per household is required for membership. **Make sure you keep us informed of email changes.** For those without Internet service, you will receive updates and reports through regular mail.

Print this registration form and send it with your check to:

Mark Abrams
P.O. Box 4951,
Louisville, KY 40204.

Make check payable to FAIR Alliance.

Upon receipt of your registration, you will be sent a temporary password to view our remaining web site. **Don't forget to change your password.**