

Please Print the form and follow the instructions below:

**FAIR Alliance INC.  
(Ford Actions Impacting Retirees)  
Membership Renewal Form**

**Please Print Clearly**

Last Name: \_\_\_\_\_ First \_\_\_\_\_

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

Date Joined FAIR Alliance: \_\_\_\_\_

Circle year to renew 2010 2011 2012 2013 2014 2015  
(Members may pay any amount of years in advance)

Renewal fees are **\$25** per year.

Print this form, complete it and **make check payable to: [FAIR Alliance](#)** and mail to our Treasurer at the following address:

Treasurer  
P.O. Box 4951  
Louisville KY 40204

Revised 12/15/10