

DALRC Retirement Committee, Inc.
Membership Application

DALRC
544 Wood Creek Rd
Williamson GA 30292

Name: _____
Last Name First Name Middle Initial

Phone Primary: () _____

Cell: () _____

Fax () _____

Mailing Address:

Street _____ Apart. # _____

City _____ State _____ Zip _____

Status: Active: _____ Retired _____ Survivor of Retiree/Employee _____

Retirement Date: _____ Former Delta Employee _____

Birth Date: _____

MM/DD/YY

Date of Hire: _____ Department name _____

MM/DD/YY

E-mail Address: _____

Should it ever become necessary to seek representation in bankruptcy court to protect my Delta benefits, I hereby give my proxy to the Officers of DALRC to vote for the formation of a creditor's committee and hereby authorize the Officers to serve as my authorized representative on the committee. (Note: This proxy can be withdrawn at any time with written notification to DALRC (at its current address))

Signature: _____ Date: _____

Please send this signed application along with your donation for \$60 payable to DALRC. If you are already a member of DALRC and have sent in your \$10 donation, Please complete this form and enclose an additional \$50 donation in order to be a paid up member of DALRC. The money collected will be used in our efforts to retain counsel and cover necessary expenses related to committee work. No money collected will be used to pay members of the DALRC Board of Trustees for their time.

Thanks for your support in our efforts to preserve our pension and other benefits we have earned through service to Delta!

Cathy Cone
DALRC Retirement Committee, www.DALRC.ORG