



Sponsorship Verification Form

Form must be completed by Collins employee or retiree and presented by prospective member at the time of enrollment.

- Collins Employee Personnel #: _____
- Retiree DOB: _____
- Collins Contractor Company Name: _____

Collins Employee/Retiree Name: _____

Phone #: _____ Email Address: _____

Name of Family Member: _____

How are they related to you: _____

I agree to sponsor _____ for membership at the Collins Aerospace Rec Center. I understand by sponsoring the individual indicated above I am truthfully acknowledging this individual is directly related to me through birth or by marriage.

Collins Employee/Retiree Signature: _____ Date: _____

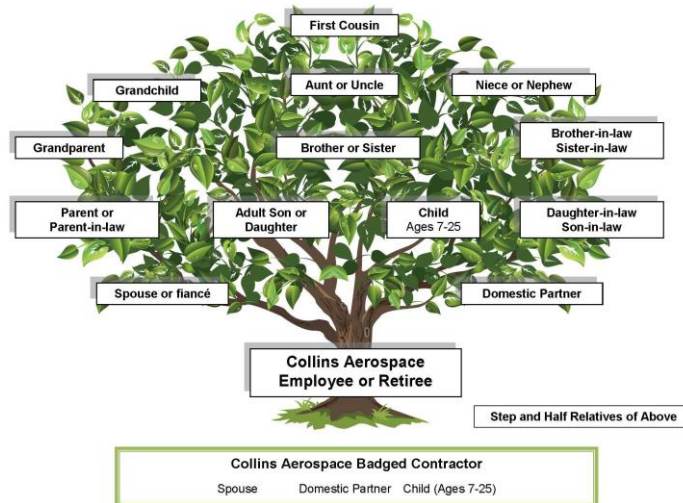
Office Use Only
Employee Verified thru Collins Network: Yes or No Staff Initials: _____ Date Verified: _____
If no, why not _____

Office Use Only

First Name:

Member Last Name:

Collins Aerospace Rec Center Eligibility



Please note, Collins contractors may only sponsor immediate family members for membership, which in this instance are considered spouse (partner) and children.