

AMR TRAVEL CLUB APPLICATION

DATE: _____

NEW MEMBER _____ RENEWAL _____

CHECK _____ CASH _____ In The Amount Of: _____ **PayPal** Confirmation # _____

_____ **\$15.00 REGULAR MEMBER** (ACTIVE AA EMPLOYEE / SABRE / AMR / EDS)

_____ **\$10.00 ASSOCIATE MEMBER** (Retiree _____ Spouse _____)

(MAKE CHECKS PAYABLE TO: **AMR TRAVEL CLUB**)

REQUIRED INFO: PLEASE PRINT NAME, INFO BELOW.

NOTE: TO RECEIVE MEMBERSHIP CARD, INCLUDE SELF-ADDRESSED, STAMPED ENVELOPE. IT MAY ALSO BE PICKED UP IN PERSON AT A FUTURE TRAVEL CLUB MEETING.

NAME: _____

EMAIL: _____

EMPLOYEE NUMBER: _____

BOARDMAIL ADDRESS: _____
(If applicable)

WORK PHONE NUMBER: (_____) _____ - _____
(If applicable)

HOME/CELL PHONE NUMBER: (_____) _____ - _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

SEND COMPLETED APPLICATION, PAYMENT & STAMPED, SELF ADDRESSED ENVELOPE TO:

AMR TRAVEL CLUB
ATTN: Sherry Turkington
American Airlines, Inc.
P.O. BOX 619616 - MD 4317 HDQ
DFW Airport, TX 75261