

AMR Travel Club Membership Application

Date: _____

New Member _____ Renewal _____

Check _____ Cash _____ In the amount of: _____ or PayPal Confirmation # _____

_____ \$15.00 ACTIVE Employee

_____ \$10.00 RETIRED Employee or Spouse (Retiree _____ Spouse _____)

(Make checks payable to: **AMR Travel Club**)

Please **PRINT** name, info below

NOTE: Membership cards have been discontinued, but your name will be placed on the membership roster.

Name: _____

EMAIL: _____

Employee Number: _____

Home / Cell Phone Number: (_____) _____ - _____

Work Phone Number (_____) _____ - _____
(If applicable)

Address: _____

City / State / Zip or Postal Code: _____

Boardmail Address: _____
(If applicable)

Send completed application and payment to:

AMR Travel Club
ATTN: Sherry Turkington
American Airlines
P.O. BOX 619616 - MD SV_8A603
DFW Airport, TX 75261