



# HEWLETT PACKARD RETIRED EMPLOYEES OF MASSACHUSETTS

## ENROLLMENT APPLICATION

HEWLETT PACKARD RETIRED EMPLOYEES OF MASSACHUSETTS

*Please Print*

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street

City State Zip ( 9 digit )

Phone: \_\_\_\_\_  
Day Evening Cell

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

**NEW MEMBER, Please fill in below:**

Date employed: \_\_\_\_\_

Date retired: \_\_\_\_\_

Division retired from: \_\_\_\_\_

*HPREM'S PURPOSE IS FOR THE ENJOYMENT & BETTERMENT OF HP/AGILENT EMPLOYEES VIA SOCIAL GATHERINGS, TOURS, AND SUCH FUNCTIONS AS THE MEMBERS DESIRES.*

REMARKS / SUGGESTIONS:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Enclosed is check for \$10, ***ONE YEARS DUES***, payable to ***HPREM***

Complete & Return ***ENTIRE*** form to:

***Monica Dickie 48 Leigh St. Framingham, MA 01701-4318***

Email: ***DICKIE240@AOL.COM***