

Schenectady Elfun Membership Application

Name: _____
(first) (middle) (last)

Mailing Address: _____
(Number and Street, PO Box if Applicable)
_____, _____, _____
(City) (State) (Zip code)

Email address: _____

Phone number: _____ Cell Phone: _____
(555)555-5555 (555)-555-5555

Relationship with GE (Present, Past or None) _____

Mail completed form to the following address:

Schenectady Elfun, Inc.
PO Box 86
2306 West Fulton Rd.
Warnerville, NY 12187-0086

Or email the information to: **SchdyElfun@nycap.rr.com**