

**EXXONMOBIL RETIREES CLUB OF NORTHWOODS, INC  
MEMBERSHIP APPLICATION for 2025**

|  |            |                                  |
|--|------------|----------------------------------|
| CLUB NAME  | CLUB CODE  | DUES PER MEMBER<br>PER CLUB YEAR |
| <b>EXXONMOBIL RETIREES CLUB OF NORTHWOODS, INC</b> | <b>093</b> | <b>\$10.00*</b>                  |

MEMBERSHIP REQUIRES RETIREMENT WITH FULL ANNUITANT STATUS, I.E., MUST BE ELIGIBLE FOR ALL EXXONMOBIL BENEFIT PLANS. A TERMINATED EMPLOYEE WHO ELECTED A DEFERRED ANNUITY IS **NOT** ELIGIBLE FOR MEMBERSHIP.

RETIRED IN (MO/YEAR) \_\_\_\_\_ / \_\_\_\_\_ FROM (COMPANY/UNIT)

**CHECK ONE BOX FOR TYPE OF MEMBERSHIP:**

..... TYPE 1 - RETIREE AND SPOUSE (2 MEMBERSHIPS)

..... TYPE 2 - RETIREE ONLY (1 MEMBERSHIP)

..... TYPE 3 - SPOUSE OF A LIVING RETIREE (RETIREE IS NOT A MEMBER) (1 MEMBERSHIP)

..... TYPE 4 - SURVIVING SPOUSE OF A DECEASED EMPLOYEE OR DECEASED RETIREE WHO HAS NOT REMARRIED (1 MEMBERSHIP)

NAME (Retiree and Spouse) \_\_\_\_\_ RETIREE BIRTHDAY: MONTH DAY YEAR

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Please check any contact information below you do not want to share with other club members:**

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**PLEASE READ**

**YOU MAY BELONG TO MORE THAN ONE RETIREE CLUB. HOWEVER, EXXONMOBIL'S FINANCIAL SUPPORT PAYMENT FOR YOUR MEMBERSHIP IS GRANTED TO ONLY ONE CLUB EACH CALENDAR YEAR.**

**ARE YOU A MEMBER OF ANOTHER EXXONMOBIL RETIREE CLUB? NO / YES: IF YES, PLEASE COMPLETE THE FOLLOWING: I BELONG TO THE FOLLOWING OTHER EXXONMOBIL RETIREE CLUBS: \*\***

\_\_\_\_\_  
(CLUB NAME) (CLUB ADDRESS) (TREASURERS NAME if known)

IT IS MY DESIRE THAT EXXONMOBIL'S FINANCIAL SUPPORT BE GRANTED TO THE FOLLOWING CLUB:

CLUB NAME \_\_\_\_\_

**\*IF THE MEMBER CHOOSES TO HAVE THE EXXONMOBIL FINANCIAL SUPPORT (\$30 ANNUALLY) BE GRANTED TO ANOTHER CLUB, THE FEE WILL BE \$40 INSTEAD OF \$10, SINCE OUR CLUB WILL NOT RECEIVE FINANCIAL SUPPORT FROM EXXONMOBIL.**

**PLEASE SIGN**

TODAYS DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**PLEASE MAIL THIS APPLICATION & DUES CHECK TO: EXXONMOBIL RETIREE CLUB OF NORTHWOODS, INC  
P. O. Box 11854 Spring, TX 77391**

**\*\*NOTE TO CLUB TREASURER: IF THE MEMBER BELONGS TO OTHER CLUBS AND DIRECTS THAT FINANCIAL SUPPORT PAYMENTS BE GRANTED TO YOUR CLUB, PLEASE SEND A COPY OF THIS SIGNED FORM TO THE OTHER CLUBS LISTED. THIS WILL SAVE TIME AND AVOID CONFLICTS ON DUAL MEMBERSHIP QUESTIONS THAT ARISE WHEN ANNUAL FINANCIAL SUPPORT PAYMENTS ARE MADE.**