

Savannah River Site Retiree Association Membership Form

_____ I want to **RENEW** my membership in the SRSRA.
(...and I am willing to serve on the Board of Directors.) _____ Yes _____ No

_____ I want to **JOIN** the SRS Retiree Association.
(...and I am willing serve on the Board of Directors.) _____ Yes _____ No

_____ **My spouse is also retired from SRS and wants to JOIN** the SRSRA.
(...and my retired SRS spouse is willing serve on the SRSRA BOD.) _____ Yes _____ No

_____ I am the **surviving spouse of an SRS retiree** and wish to **join / renew** my membership in the SRSRA.
(...and I am willing serve on the SRSRA BOD.) _____ Yes _____ No

Annual Dues:

Current Year

_____ \$15 for Retiree
_____ \$0 for Retiree's Spouse (also retired from SRS)
_____ \$5 for Retiree's Surviving Spouse

Next Year

_____ \$15 for Retiree
_____ \$0 for Retiree's Spouse (also retired from SRS)
_____ \$5 for Retiree's Surviving Spouse

SRS RETIREE NAME _____

SRS Retired Or Surviving SPOUSE'S NAME _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____ TELEPHONE _____

SRS RETIREE RETIRED FROM: SRNS _____ WSRC/SRR _____ BSRI _____ BWXT-SRC _____

BNFL-SRC _____ OTHER SRS Co. _____

SPOUSE RETIRED FROM SRS: SRNS _____ WSRC/SRR _____ BSRI _____ BWXT-SRC _____

BNFL-SRC _____ OTHER SRS Co. _____

SRS RETIREE DATE OF RETIREMENT _____

SRS Retiree's E-MAIL ADDRESS _____

RETIREE'S SRS RETIRED SPOUSE DATE OF RETIREMENT _____

SRS Retired or survivor Spouse's E-MAIL ADDRESS _____

Return to: **SRS Retiree Association**

**P. O. Box 5686
Aiken, S.C. 29804**

Attn: Kent Sullivan, Membership Chairman