

# Savannah River Site Retiree Association

## Membership Form

Members of this SRSRA Corporation shall be limited to persons (excluding employees of the U.S. Department of Energy) who have been employed at or in direct association with the Savannah River Site (or the Savannah River Plant/Savannah River Laboratory as it was previously known) for at least five years and who have since retired from any such employment, as well as their spouses. However, the primary focus of the SRSRA Corporation shall be to provide service to participants in the Westinghouse Savannah River Company-Bechtel Savannah River Incorporated retirement plan or in the successor plan, currently called the "Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan".

### Annual Dues

Dues may be paid up to 3 years (current plus 2 future years). The easiest way (for all of us) is online. Go to our WEB page – srsretirees.org – it lets you complete an electronic form and go to Paypal to make a payment via a credit card. Or you can complete this Membership Form and mail form/check to the address shown below.

\_\_\_\_\_ As a **RETIREE**, I want to JOIN/RENEW my membership in the SRSRA (\$25).  
Retirement date from SRS: \_\_\_\_\_ Retired from (company): \_\_\_\_\_

\_\_\_\_\_ I am a **SPOUSE** of a member and also an **SRS RETIREE** and I want to JOIN/RENEW my membership in the SRSRA (\$0).  
Retirement date from SRS: \_\_\_\_\_ Retired from (company): \_\_\_\_\_

\_\_\_\_\_ I am a **SURVIVING SPOUSE** of an SRS retiree and want to JOIN/RENEW my membership in the SRSRA (\$5).

### Donations / Volunteering

\_\_\_\_\_ In ADDITION to my dues, I want to make a donation to the SRSRA Resource Center \_\_\_\_\_ or the SRS Heritage Foundation \_\_\_\_\_ (latter is tax deductible):  
\_\_\_\_\_ \$25 \_\_\_\_\_ \$10 \_\_\_\_\_ \$15 Other amount \$ \_\_\_\_\_

*The Resource Center is staffed by volunteers but our dues do not cover all of its costs. Donations are greatly appreciated.*

\_\_\_\_\_ I am willing to serve on the SRSRA Board of Directors.

\_\_\_\_\_ I am interested in volunteering at the SRSRA Retiree Resource Center.

### Member Information

Member's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone (cell preferred): \_\_\_\_\_

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

*Providing your e-mail address allows SRSRA to send important communications to you electronically, including newsletters and membership confirmations.*

Spouses (including non-SRS retirees) can JOIN/RENEW membership in the SRSRA at no charge.

Spouse's Name: \_\_\_\_\_

Retirement Date: \_\_\_\_\_ If retired from SRS. If not, N/A.

Mail this form (and your check) to:

**SRS Retiree Association**

**P. O. Box 5686**

**Aiken, SC 29804**

**Attention: Membership Chair**