SNET RETIREES ASSOCIATION, INC.
P.O. Box 623, Orange, CT 06477-0623

S.R.A. MEMBERSHIP APPLICATION / RENEWAL FORM

Dear SRA Members,
Please complete the following information and return the form with your dues and any additional contribution you may be able to make.

PLEASE, PLEASE, PLEASE PRINT

Check one: ❑ New Member ❑ Renewal Date_____

First Name_____ Last Name_____

Address_____Apt #_____

City_____State_____Zip_____Phone # (_____) _____

Alternate Address Info_____

_____

Phone # (_____) _____Start / End Months_____

E-mail(s)_____(We send news items)

Retired from: ❑ SNET ❑ Cingular ❑ SBC ❑ AT&T Year_____

Stockowner ❑ Yes ❑ No

I would like to help: ❑ Serve on the SRA Board ❑ Calling Committee ❑ Legislation Committee ❑ Advertising

Dues: $15.00 Additional Contribution: $_____Total enclosed: $_____

Send completed form with your check to:

SRA P.O. Box 623, Orange, CT. 06477-0623