

TSRA MEMBERSHIP RENEWAL APPLICATION for 2012

DUES: \$15 per family

Please print legibly.

**If no information has changed, you do not have to submit this form.
Simply mail a check to the address at the bottom of the form, or
pay via direct bank transfer to TSRA .**

However, if any information has changed, fill in new information only.

YOUR NAME _____

1) **SPOUSE'S NAME** _____

2) **RETIRED FROM TEXTRON** **YES** **NO** **YEAR OF RETIREMENT** _____

3) **ORGANIZATION WHERE YOU LAST WORKED:**

WILMINGTON (a) _____ **AERL (b)** _____

SPECIALTY MATERIALS (c) _____ **OTHER (d)** _____

4) **PRIMARY ADDRESS:**

• **PHONE NUMBER** _____

• **E-MAIL ADDRESS** _____

5) **WINTER and/or SUMMER ADDRESS (if different from primary):**

• **PHONE NUMBER** _____

• **E-MAIL ADDRESS** _____

• **START DATE** _____ **END DATE** _____

6) **RETIREMENT BENEFITS EXPECTED FROM TEXTRON:**

a) **PENSION** **Yes** ___ **No** ___ **Don't Know** ___

b) **HEALTH BENEFITS** **Yes** ___ **No** ___ **Don't Know** ___

7) **MAY WE INCLUDE YOUR CONTACT INFORMATION IN THE 2011/2012
PUBLISHED DIRECTORY?**

Yes ___ **No** ___

NOTE: only TSRA members receive this directory.

**Return Check (with form if needed) to:
Textron Systems Retiree Association, Inc. (TSRA)
P.O. Box 2155
North Conway, NH 03860**