TSRA MEMBERSHIP RENEWAL APPLICATION for 2024 DUES: \$15 per family. (*Pay by 9 October 2023 and pay only \$10*)

YC	UR NAME I	DATE
1)	SPOUSE'S NAME	
2)	RETIRED FROM TEXTRON YES \Box NO \Box YEAR OF RET	TREMENT
3)	ORGANIZATION WHERE YOU LAST WORKED: WILMINGTON (a) AERL (b) SPECIALTY MATERIALS (c) OTHER (d)	
4)	PRIMARY ADDRESS:	
	• PHONE NUMBER	
	• CELL PHONE NUMBER • E-MAIL ADDRESS	
5)	WINTER and/or SUMMER ADDRESS (if different from primary):	
	HOME PHONE NUMBER	
	• E-MAIL ADDRESS • START DATE END DATE	
	Mail Check (<i>and form if needed</i>) to:	
	Textron Systems Retirees Association, Inc. (TS P.O. Box 6936 Holliston, MA 01746	KA)

Rev: 9/09/2023