

# **Time to Renew your Membership**

Complete the form below and mail it with a check for **\$15**  
made payable to the

*Smithtown Schools Retirees' Association*  
by **DECEMBER 31 of each year for the**  
**upcoming calendar year**

**Please note:**

We are independent of the STA.

## **IMPORTANT NOTE:**

If you receive any endorsed programs & services from NYSUT, other than a pension, you are **required by law** to belong to your local retiree association– the SSRA

*Kindly print out this coupon and mail it with your check to:*  
**Smithtown Schools Retirees' Association c/o STA office**  
**26 New York Avenue, Smithtown, NY 11787**

*(For those with more than one address please list only your **PRIMARY** one)*

Name: \_\_\_\_\_ Year Retired : \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Affiliation:

Circle one : ↗

**STA**

**SSEA**

**SSAA**

**Security Guard**

**Nurses**

*Please be careful not to send  
**DUPLICATE dues payments.***

*The SSRA Board will consider duplicate checks  
**DONATIONS to our GENERAL FUND**  
and use the funds philanthropically*