



ARENU Membership Application Form

Date of Application

COMPANY RETIRED FROM: _____

DATE RETIRED

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| MO | YR |

RETIREE'S NAME: _____

ADDRESS: _____
(STREET)

(CITY) (STATE) (ZIP CODE)

PHONE: (_____) _____ E-MAIL*: _____

SPOUSE'S NAME: _____

*** Please include your email address or that of a friend or relative, as this is our only means of communicating with you.**

SELECT the Chapter you wish to join and SEND \$25.00 (payable to ARENU) for a lifetime membership, and MAIL to the Chapter Address listed below:

CT [] ARENU CT Chapter
 P.O. Box 270
 Hartford, CT 06141-0270

MA [] ARENU MA Chapter
 P.O. Box 270
 Hartford, CT 06141-0270

NH [] ARENU c/o Eversource
 P. O. Box 330
 Manchester, NH 03105-0330

**For more information about ARENU, please access the following web site:
www.nuemployees.com/Retiree/useful/arenu.asp**