## **AT THIS TIME NO DUES ARE REQUIRED FOR 2023**

## Livermore Laboratory Retirees Association (LLRA) 2023 MEMBERSHIP APPLICATION

(Please print clearly)

Name:			
Year Retired from LLNL			
Phone: ()	Cell Pho	ne: ()	
Email address:			
Spouse/Significant Other:			
Year Retired from LLNL	(if spous	(if spouse is a LLNL retiree)	
Phone: ()	Cell Phone: ()		
Email address:			
Street Address		Apartment No	
City	State	ZIP Code	
California Retiree Associations (CUC (UCOP), the three national laboratori	CRA) which included ies and nine Univer- ciation (LLRA) is no	ot sponsored by or affiliated with Liver	nt
Please complete this form and return Mail to: LLRA Retirees P.O. Box 3242 Livermore, CA 94551	it to LLRA		

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