

**GMLSRC ENROLLMENT//DUES//CHANGE FORM**

NAME \_\_\_\_\_ SPOUSE 'S NAME : \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ST/ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

RETIREMENT DATE (MM/YY) \_\_\_\_\_ DEPT \_\_\_\_\_ LOC \_\_\_\_\_

SEASONAL ADDRESS \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
(Example: FROM 01 TO 04)

CITY/STATE/ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

**FOR ENROLLMENT OR ANNUAL DUES  
SEND FORM AND CHECK TO:**

Pick your term

**GM Lansing Salaried Retirees Club**  
Attn: Membership Committee  
P.O. Box 12255  
LANSING, MI 48901-2255

<b>3 YEARS</b>	<b>\$30</b>
<b>2 YEARS</b>	<b>\$20</b>
<b>1 YEAR</b>	<b>\$10</b>

Member # \_\_\_\_\_  
(Office use Only)

**CHANGES ONLY CAN BE E-MAIL TO: [clubfeedback@gmlsrc.org](mailto:clubfeedback@gmlsrc.org)**  
**OR MAILED TO THE ABOVE ADDRESS**