

SMEA Retiree Enrollment Form



Providing support and fostering a spirit of caring, cooperation, and fellowship in the workplace.

Why S.M.E.A.?

Balancing work and home life responsibilities can be challenging. By providing a family-friendly program, the Save Mart Employee Association (SMEA) offers opportunities to enhance both work and home environments. OUR MISSION is to provide support and foster a spirit of caring, cooperation, and fellowship in the workplace by providing financial assistance in the case of a catastrophic emergency, and to promote social, educational, athletic, fitness, and recreational opportunities for Save Mart employees and their families.

SMEA is a nonprofit organization operated by a board of elected Save Mart employees. A Member Assistance Committee and Recreation Committee are in place to enhance member benefits.

The GOAL of the association is to offer:

- Aid to eligible members in need due to a catastrophic event resulting in hardship.
- Discounts to sporting events, member picnics, movies, theme parks, travel, shopping and more.
- Opportunities for college scholarships, holiday meal sponsorships, and more.

Assistance Programs

Your \$20 annual dues will go to support SMEA members in need, but you will not be eligible for direct assistance programs (catastrophic, holiday meals, back packs, college scholarships, etc.)

Voting Rights

Retirees will not have voting rights.

How Do I Join?

Becoming a "retiree" member is easy. Each "retiree" must submit annual dues of \$20. Retiree members will have FULL access to SMEA online contests, discounts, and SMEA picnics/ events.

Simply fill out the form below and return it with \$20 payable to SMEA:

2937 Veneman Ave, Ste. A115
Modesto, CA 95356

or

Inter-office mail:
SMEA

or

Fax to:
888-620-8909

Visit us online at: www.mysmea.com

For questions, please call: (209) 872-1090



Retiree Enrollment Form - Please print

*I acknowledge that I will have access to SMEA recreation and discount programs offered to SMEA members, but I **will not** have voting rights or access to the direct financial assistance programs of SMEA.*

Name: _____

Address: _____ City: _____ Zip: _____

Last 4 digits of your SSN: _____ E-mail: _____

Signature: _____ Date: _____

Please provide a 6 digit ID to use as your online ID (ex: 51355): _____