



Membership Enrollment

How did you hear about us?

- Word of mouth Social media Branch event Association website Sage magazine
- Association preferred partner Pre-retirement seminar Conference or trade show Retirement Planning Institute (RPI)
- Referring member (full name): _____
- Other (please specify): _____

STEP 1: Tell us about yourself (please print clearly)

First Name

Last Name

Spouse/Partner (if applicable)

Street Address

City

Province

Postal Code

Phone Number

Email

My membership number is (for current members): _____

My retirement date is/will be (if known): Month _____ Year _____

To confirm your eligibility for membership with the Association, please indicate which of the following groups you belong to (please check only one):

- Public Service
 Canadian Armed Forces
 Royal Canadian Mounted Police

- Non-pensioned veteran
 Federally appointed judge

STEP 2: Choose your membership type

- Single Membership**
\$50.28 per year or
\$4.19 per month deducted directly from your pension
- Double Membership*** (with spouse/partner)
\$65.16 per year or
\$5.43 per month deducted directly from your pension

*This option doubles your impact and provides full membership to a spouse or partner. Both are eligible for all member benefits, including our exceptional rates on MEDOC® travel insurance, access to our pension and health experts and informative reports from our advocacy team.

Continued on next page >



STEP 3: Choose a method of payment (either A or B)

Option A: Payment by monthly deductions from pension

Please note that this option is unfortunately not available to current employees, non-pensioned veterans or federally appointed judges.

Option B: Payment by cheque

Please make cheque payable to:
National Association of Federal Retirees

IF SELECTING OPTION A: Complete the authorization below **only** if you wish to have membership fees deducted monthly directly from your pension for the amount indicated for the membership you selected in **Step 2**. If your membership has already been paid by another method, deductions will start at the beginning of the next membership year. You do not need to reapply for this method every year.

This is a **retirement pension**

This is a **survivor's allowance**

Name *(as printed on pension statement)*

Pension Number *(indicated on pension statement or available from pension office)*

I authorize Public Services and Procurement Canada (PSPC) to deduct the Association membership fees from my pension payments and to remit those fees to the National Association of Federal Retirees. I understand that I may revoke this authorization at any time by notifying the National Association of Federal Retirees.

Signature

Date

*Provision of this pension information is voluntary. This information is being collected to enable monthly deduction of membership fees from your pension payments or survivor's allowance and for no other purpose. You may, without prejudice, decline to provide such information and choose to pay your fees annually by cheque, or by credit card online at federalretirees.ca. **This information will be shared only with PSPC.***

STEP 4: Mail this application form to us

Mail this completed form (along with cheque for payment option B) to:

National Association of Federal Retirees
865 Shefford Rd., Ottawa ON K1J 1H9

GET IN TOUCH

613.745.2559 | 1.855.304.4700 (toll-free) | service@federalretirees.ca | federalretirees.ca