

Membership Enrollment

How did you hear about us?					
O Word of mouth	O Social media	O Branch	event O A	Association website	○ <i>Sage</i> magazine
• Association preferred partner	O Pre-retirement seminar	O Confere trade sh		Retirement Planning Institute (RPI)	
• Referring member (Me	embership No.		
O Other (pleasespecif	Ty)				
STEP 1: Tell us abou	it voursolf (places	orint cloarly)			
SIEF I. TEILUS ADOL	ut yoursell (please)	print clearly)			
First Name		Last Name			lale emale Ion-gender Specific
Year of Birth		Email			
Spouse's Full Name					Male emale Ion-gender Specific
Spouse's Year of Birth	1	Spouse's Ema	ail		
Street Address					
City		Province		Posta	ıl Code
Phone Number Mobile			e Number		
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 ServioCanadian ArtRoyal Canad Mounted Po	med Forces V dian • F	lon-pensioned eteran ederally ppointed judge
We represent pensioners with the Public Service Health Care Plan Partners Committee and the Pensioners Dental Services Plan Board. To help Federal Retirees representatives better serve you, please let us know if you belong to: O PSHCP plan O PDSP plan					



STEP 2: Choose your membership type

Single Membership \$51.36 per year or \$4.28 per month deducted directly from your pension O Double Membership* (with spouse/partner) \$66.60 per year or \$5.55 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.

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

O 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