



**The CBC Pensioners  
National Association**

**L'Association nationale  
des retraités de la SRC**

## ENROLMENT FORM - SURVIVING SPOUSE

I, \_\_\_\_\_, hereby authorize the CBC Pensioners National Association to have the CBC deduct monthly membership dues from my pension cheque and remit them to the Association. I also authorize CBC to provide the Association with personal information relating to me that the Association may require in relation to the payment of dues and other purposes related to the welfare of pensioners.

I understand that the monthly membership dues might be modified from time to time by a resolution of the National Convention of the Association.

### Please Print

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		PAC Number (See Notification of deposit)
Address:		
		Telephone (     )
Date of Birth Day / Month / Year	SIN	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Preferred language <input type="checkbox"/> English <input type="checkbox"/> French	Preferred medium of communication <input type="checkbox"/> Post <input type="checkbox"/> E-Mail (Please print address) _____	

### Information on Deceased Pensioner

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
Pensioner ID Number	Date of Death Day / Month / Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this Enrolment form to:  
**The CBC Pensioners National Association**  
P.O. Box 8570  
Ottawa, ON K1G 3H9