



**The CBC Pensioners  
National Association**

*Preserving our Future, Sharing our Past*

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

*Assurer notre avenir, partager notre passé*

## ENROLMENT FORM – RETIREE

**Please print**

|                            |       |       |             |
|----------------------------|-------|-------|-------------|
| Name<br>Mr.<br>Mrs.<br>Ms. |       |       |             |
| Street                     | City  | Prov. | Postal Code |
| Telephone                  | Email |       |             |

**I wish to join now** (please fill in the remaining sections of this form).

*I am uncertain about joining at this time. I understand that, with the information given above, a representative of Association may contact me and, upon request, provide assistance with the enrolment process.*

I, \_\_\_\_\_, wish to join the CBC Pensioners National Association and hereby authorize the CBC to deduct monthly membership dues from my pension cheque and remit them to the Association. I also authorize the CBC to provide the Association with such personal information relating to me as the Association may require to facilitate the administration of dues and other services related to the welfare of pensioners.

All personal information provided to the Association by you or by the CBC is held in strict confidence.

**Membership dues are 0.32% of a member's gross pension payment. For every \$1,000 of monthly pension, a member would contribute \$3.20.**

|  |                                 |      |                       |
|--|---------------------------------|------|-----------------------|
| CBC ID (See Notification of deposit, above your name)  | Date of birth (dd/mm/yyyy)      | SIN: | Sex<br>Male<br>Female |
| Civil Status<br>Single      Married      Widow/er      Divorced      Separated      Common-Law |                                 |      |                       |
| Preferred language<br>English<br>French  | Date of retirement (dd/mm/yyyy) |      |                       |

## Spousal information

|                            |                 |                             |                            |
|----------------------------|-----------------|-----------------------------|----------------------------|
| Name                       |                 |                             |                            |
| Date of birth (dd/mm/yyyy) | Sex<br>F      M | CBC Employee<br>Yes      No | CBC Retiree<br>Yes      No |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This form to be mailed to:  
**The CBC Pensioners National Association**  
P.O. Box 8570  
Ottawa, ON K1G 3H9  
or scan and email to: [info@cbcpensioners.ca](mailto:info@cbcpensioners.ca)