



ENROLMENT FORM – RETIREE

Please print

Name			
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)	Gender (optional)			
Civil Status					
Single	Married	Widow/er	Divorced	Separated	Common-Law
Preferred language English French	Date of retirement (dd/mm/yyyy)				

Spousal information

Name			
Date of birth (dd/mm/yyyy)	Gender (optional)	CBC Employee	CBC Retiree
		Yes No	Yes No

Signature Required

Date

This form can be mailed to:
The CBC Pensioners National Association
P.O. Box 8570
Ottawa, ON K1G 3H9
or press the submit button to send via
email to info@cbcpensioners.ca