



**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 - 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.

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.

Please Print

Name		CBC ID (See Notification of deposit)
Address:		City:
Province:	Postal Code:	Telephone ()
Date of Birth (dd/mm/yyyy)		Gender (optional)
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	
CBC ID Number	Date of Death (dd/mm/yyyy)

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
1-877-361-9242