



Membership Enrollment

STEP 1: Tell us about yourself (please print clearly)

First Name

Last Name

Spouse/Partner (if applicable)

Street Address

City

Province

Postal Code

Phone Number

Email

If currently a member, my membership number is: _____

Date I retired or will retire (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 Service
- Canadian Forces
- Royal Canadian Mounted Police

- Non-pensioned Veterans
- Federal Judges

STEP 2: Choose your membership type

Single Membership

\$48.96 per year or
\$4.08 per month deducted directly from your pension

Double Membership* (with spouse/partner)

\$63.60 per year or
\$5.30 per month deducted directly from your pension

* A double membership gives full Association membership to a spouse or partner for just \$14.64 more. Both are eligible for all member benefits, including our exceptional travel insurance, access to our advocacy team, volunteering, and a vote on how we operate. Most importantly, it doubles your support for the work of protecting pensions.



STEP 3: Choose a method of payment (either A or B)

Option A: Payment by Cheque

Please make cheque payable to:
The National Association of Federal Retirees

Option B: Payment by Monthly deductions from Pension (this option is unfortunately not available to current employees, non-pensioned Veterans or Federal Judges)

IF SELECTING OPTION B: Complete the authorization below **ONLY** if you wish to have membership fees deducted monthly directly from your pension for the amount indicated or 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**

This is a **survivor's allowance**

Name *(as printed on pension statement)*

Pension Number *(as indicated on pension statement, or available from Pension Office)*

I authorize Public Works and Government Services Canada 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 www.federalretirees.ca

This information will be shared only with Public Works and Government Services Canada

STEP 4: Mail this Application Form to us

Mail this completed form (along with cheque for payment option A) to:

**National Association of Federal Retirees
865 Shefford Rd., Ottawa, ON K1J 1H9**

HAVE A QUESTION?

Call us at 613-745-2559, or toll-free at 1-855-304-4700