



National Association  
of Federal Retirees  
Association nationale  
des retraités fédéraux

# Membership Enrollment

How did you hear about us?				
<input type="radio"/> Word of mouth	<input type="radio"/> Social media	<input type="radio"/> Branch event	<input type="radio"/> Association website	<input type="radio"/> Sage magazine
<input type="radio"/> Association preferred partner	<input type="radio"/> Pre-retirement seminar	<input type="radio"/> Conference or trade show	<input type="radio"/> Retirement Planning Institute (RPI)	
<input type="radio"/> Referring member (full name)			Membership No.	
<input type="radio"/> Other (please specify)				

STEP 1: Tell us about yourself (please print clearly)			
First Name	Last Name	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-gender Specific	
Year of Birth	Email		
Spouse's Full Name	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-gender Specific		
Spouse's Year of Birth	Spouse's Email		
Street Address			
City	Province	Postal Code	
Phone Number	Mobile Phone Number		
My retirement date is/Will be (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):		<input type="radio"/> Public Service <input type="radio"/> Canadian Armed Forces <input type="radio"/> Royal Canadian Mounted Police	<input type="radio"/> Non-pensioned veteran <input type="radio"/> Federally appointed judge
We represent pensioners with the Public Service Health Care Plan Partners Committee and the Pensioners Dental Services Plan Board. To help Federal Retirees representatives better serve you, please let us know if you belong to:		<input type="radio"/> PSHCP plan <input type="radio"/> PDSP plan	

*Continued on next page >*



## STEP 2: Choose your membership type

- |   |  |
|---|--|
| <input type="radio"/> <b>Single Membership</b><br>\$52.56 per year or<br>\$4.38 per month deducted directly from your pension | <input type="radio"/> <b>Double Membership*</b> (with spouse/partner)<br>\$68.28 per year or<br>\$5.69 per month deducted directly from your pension |
|---|--|

\*This option doubles your impact and provides full membership to a spouse or partner. Both are eligible for all member benefits, including our exceptional rates on MEDOC® travel insurance, access to our pension and health experts and informative reports from our advocacy team.

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

- |  |  |
|--|--|
| <input type="radio"/> <b>Option A: Payment by monthly deductions from pension</b><br>Please note that this option is unfortunately not available to current employees, non-pensioned veterans or federally appointed judges. | <input type="radio"/> <b>Option B: Payment by cheque</b><br>Please make cheque payable to:<br>National Association of Federal Retirees |
|--|--|

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

- |   |   |
|---|---|
| <input type="radio"/> This is a <b>retirement pension</b> | <input type="radio"/> This is a <b>survivor's allowance</b> |
|---|---|

Name *(as printed on pension statement)*

Pension Number *(indicated on pension statement or available from pension office)*

I authorize Public Services and Procurement Canada (PSPC) 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 federalretirees.ca. **This information will be shared only with PSPC.***

## STEP 4: Mail this application form to us

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

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

### GET IN TOUCH

613.745.2559 | 1.855.304.4700 (toll-free) | service@federalretirees.ca | federalretirees.ca