

THE NEW BRUNSWICK SOCIETY OF RETIRED TEACHERS (ANGLOPHONE)



MEMBERSHIP AUTHORIZATION FORM

First Name: _____ Initial: _____

Last Name: _____

Social Insurance: _____ - _____ - _____

Street / PO Box: _____

Community: _____ Postal Code: _____

Telephone: _____ Email: _____

Birthdate: _____ (Month) _____ (Day) _____ (Year) *(Required for NBSRT Website "Members Only" Access)*

Year of Retirement: _____

Branch Name: (**Please Place A Check Beside The Branch You Would Like To Join**)

Bathurst

Charlotte

Carleton/North York

Central

Kings

Miramichi

Moncton

Restigouche

Saint John

Victoria-Tobique

I hereby authorize Vestcor Pension Services Corporation, to deduct annual membership dues in the amount to be determined by the Annual Meeting of the New Brunswick Society of Retired Teachers (Anglophone). These dues will be remitted to the New Brunswick Society of Retired Teachers (Anglophone).

**Wording Authorized by Vestcor Pension Services Corporation*

Signed: _____ Date: _____

Dues are currently \$36.⁰⁰ per year, deducted at \$3.⁰⁰ per month; \$12.⁰⁰ of which is remitted to your local branch.

Print This Form & Mail To:

**Dale MacRae
NBSRT Membership Secretary
04-840 King George Highway
Miramichi, NB E1V 1P8**