

THE NEW BRUNSWICK SOCIETY OF RETIRED TEACHERS
(Anglophone)

MEMBERSHIP AUTHORIZATION FORM



First Name: _____ Initial: _____

Last Name: _____

Street / PO Box: _____

Community: _____ Postal Code: _____

Telephone: ____/____/____ Email: _____

Birthdate: ____/____/____ What Year Did You Retire: _____
(Mon) (Day) (Year) (ex. 2005, 2019)

If an NBSRT member referred/invited you to join, please give their name: _____

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

Bathurst	Charlotte	Carleton/North York	
Central	Kings	Miramichi	Victoria-Tobique
Moncton	Restigouche	Saint John	

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*

Social Insurance: _____ - _____ - _____ (Required by Vestcor)

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:

Colleen Forsythe
NBSRT Membership Secretary
20 Trout Street
Trout Brook, NB E9E 1R1

**NOTE: A hard copy of this form is required by Vestcor for legal purposes.*