

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 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*

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.

Complete This Form & Mail To:

**L Colleen Forsythe
NBSRT Membership Secretary
306-30 Patience Lane
Fredericton, NB E3B 5A8**

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