

SRA Membership APPLICATION Form

SRA Membership Application Form

Name: _____ Telephone: (____)_____

Address: _____

Province: _____ Postal Code: _____

E-Mail Address: _____

Former Department, Agency, or Company: _____

Retirement Date (mm/yyyy): ____/____

Membership Amount Enclosed (\$10 per year, up to 5 years): \$ _____

Place a mark in the appropriate box:

- New Membership
- Renewing Membership
- Change of Address
- Contribution to Legal Fund** \$ _____

Total Enclosed : \$ _____

(date)

(signature)

Please make your cheque payable to **SRA Inc**, send form and cheque in mail to:

Saskatchewan Retirees Association
Walter Scott Building
3085 Albert St.
Regina, SK. S4S 0B1