



Membership

Application Form

Name: _____

Address: _____

City/Province: _____ Postal Code: _____

Email: _____ Telephone: _____

Former Department/Agency/Company: _____

Retirement Date: _____

(Month)

(Year)

Place an **X** in the appropriate box/boxes:

- New Membership
- Renewing Membership
- Change of Address
- Contribution to Legal Fund -- please contribute if you are able

Membership Amount Enclosed (\$10 per year; 5 yr. payment recommended):
\$ _____

Total Enclosed: \$ _____

Signature: _____

Date: _____

Please make your cheque payable to: **SRA Inc.**

Send form and cheque to:
Saskatchewan Retirees Association
Walter Scott Building, 3085 Albert St.
Regina, SK S4S 0B1

SRA001/2010