



## NEW MEMBER APPLICATION Form

Member Name \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_

Address \_\_\_\_\_

Community/Province \_\_\_\_\_ / \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Former Department/Crown/Agency \_\_\_\_\_  
*(please provide confirmation from your former employer)*  
*(e.g. letter, business card, pay stub)*

Retirement Date \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year)

### FEES:

REGISTRATION FEE ----- \$25.00  
**(a one-time fee payable by all NEW members)**

### ANNUAL FEES:

**NOTE:** By joining the SRA Extended Health Plan, your \$20.00 annual membership fee is collected through your GMS premium payments.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Membership & Registration cheques (\$25.00) are payable to **SRA Inc.**  
SRA Health and Dental Plan cheques are payable to **GMS,**

and sent with the **Application/Enrolment Forms** to:

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