



Membership Change Form

Name: _____

Address: _____

City/Province: _____ Postal Code: _____

Email: _____ Telephone: _____

Place an X in the appropriate box/boxes:

New Name: _____

New Address: _____

City/Prov.: _____ Postal Code: _____

New Phone #: _____ Cell #: _____

New Email: _____

Re-employment:

Name of New Employer _____

Re-Employment Start Date: _____ Re-Employment End Date (tentative): _____

SRA Health and Dental Plan Policy Number: # _____

SRA Health and Dental Plan ID Number: # _____

Member Birth Date: _____

Original Retirement Date: _____

Please mail form to:

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

Or

Scan and email to: info@saskretirees.org

Approved by SRA:

Date:

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