



## 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 \_\_\_\_\_

Registration cheques (\$25.00) are payable to **SRA Inc.** and send with the **Application/GMS Enrolment Forms** to:

by scan to: [info@saskretirees.org](mailto:info@saskretirees.org)  
Please e-transfer your \$25.00  
registration Fee to [info@saskretirees.org](mailto:info@saskretirees.org)

OR by Canada Post to:  
Saskatchewan Retirees Association  
Walter Scott Building  
3085 Albert Street  
Regina, SK S4S 0B1