



## 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. employer letter, business card, pay stub)*

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

**FEES:**

REGISTRATION FEE ----- \$25.00

**(a one-time fee payable by all NEW members)**

\_\_\_\_ I am enrolling in the SRA Health and Dental Plans

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

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