



## 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

**(You can bundle your SRA Membership application and GMS enrolment forms together  
and send both to the SRA to reduce any delay in processing)**

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