



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.**; send with the **Application/GMS
Enrolment Forms** to:

by scan to: skretireesinfo@gmail.com
Please e-transfer your \$25.00
registration Fee to skretireesinfo@gmail.com

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

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