



## 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 advance)*

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

FEES:

REGISTRATION FEE ----- \$25.00

\_\_\_\_ 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.)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send with the **Application/GMS Enrolment Forms** to:

**by scan** to: [skretireesinfo@gmail.com](mailto:skretireesinfo@gmail.com)

OR

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

Revised January 2026