

# THE NEW BRUNSWICK SOCIETY OF RETIRED TEACHERS

(Anglophone)

## MEMBERSHIP AUTHORIZATION FORM



First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street / PO Box: \_\_\_\_\_

Community: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_ (Mon) \_\_\_\_ (Day) \_\_\_\_ (Year) What Year Did You Retire: \_\_\_\_ (ex. 2005, 2019)

If an NBSRT member referred/invited you to join, please give their name: \_\_\_\_\_

Branch Name: (**Please Place A Check Beside The Branch You Would Like To Join**)

Bathurst

Charlotte

Carleton/North York

Central

Kings

Miramichi

Victoria-Tobique

Moncton

Restigouche

Saint John

**I agree to allow NBSRT to contact me via email to distribute newsletters and notices of important events. I may withdraw my consent at any time using the UNSUBSCRIBE link.**

***I hereby authorize Vestcor to deduct annual membership dues in the amount to be determined by the Annual Meeting of the New Brunswick Society of Retired Teachers (Anglophone).***

***These dues will be remitted to the New Brunswick Society of Retired Teachers (Anglophone).***

*\*Wording Authorized by Vestcor*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Dues are currently \$36.<sup>00</sup> per year, deducted at \$3.<sup>00</sup> per month; \$12.<sup>00</sup> of which is remitted to your local branch.*

Complete This Form & Mail To:

**L Colleen Forsythe  
NBSRT Membership Secretary  
306-30 Patience Lane  
Fredericton, NB E3B 5A8**

*\*NOTE: A hard copy of this form is required by Vestcor for legal purposes.*