

THE NEW BRUNSWICK SOCIETY OF RETIRED TEACHERS
(Anglophone)

MEMBERSHIP AUTHORIZATION FORM



First Name: _____ Initial: _____

Last Name: _____

Street / PO Box: _____

Community: _____ Postal Code: _____

Telephone: ____/____/____

Email: _____

Please use a non-NBED email address.

Birthdate: ____/____/____
(Mon) (Day) (Year)

What Year Did You Retire: _____
(ex. 2005, 2019)

Reflections: **(Check the method you would like to receive your copy of Reflections magazine)**

---- Black and White Mailed Copy

---- Online Access Color Copy

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

---- Bathurst

---- Charlotte

---- Carleton/North York

---- Central

---- Kings (KCRTA)

---- Miramichi (MARTA)

---- Moncton (GMART)

---- Restigouche (RSRT)

---- Saint John

---- Victoria-Tobique

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: _____

*Effective 01 July 2024 - Dues are \$60.⁰⁰ per year, deducted at \$5.⁰⁰ per month.
(\$36.⁰⁰ to the Provincial NBSRT - \$24.⁰⁰ to the Local Branch)*

Complete This Form & Mail To:

**Barbara Hondas
NBSRT Membership Secretary
44 Church Street
Miramichi, NB E1N 1T3**

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