



**THE NEW BRUNSWICK SOCIETY OF
RETIRED TEACHERS (ANGLOPHONE)**

AUTHORIZATION FORM

(Please Print)

LAST NAME: _____

FIRST NAME: _____ INITIAL: _____

SOCIAL INSURANCE NUMBER: _____

ADDRESS: _____

_____ POSTAL CODE: _____

TELEPHONE: _____ EMAIL: _____

I hereby authorize the Compensation and Employee Benefits Division, Office of Human Resources, 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 Compensation and Employee Benefits Division*

SIGNED: _____ DATE: _____

BRANCH NAME: *(please circle)* Bathurst, Carleton Co., Central, Charlotte Co., Kings Co.,
Miramichi, Moncton, Restigouche, Saint John, Victoria Co.

Please complete and return to:

Vernon Harding
NBSRT Membership Secretary
300-361 Reynolds Street
Fredericton, NB
E3A 0P9