

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 \$36.⁰⁰ per year, deducted at \$3.⁰⁰ per month; \$12.⁰⁰ of which is remitted to your 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.*