

THE NEW BRUNSWICK SOCIETY OF RETIRED TEACHERS
MEMBERSHIP AUTHORIZATION FORM



First Name: _____ Initial: _____

Last Name: _____

Street / PO Box: _____

Community: _____ Postal Code: _____

Telephone: _____

Email: _____

Please use a non-NBED email address.

Birthdate: _____

What Year Did You Retire: _____

Reflections: **How would you like to receive your copy of *Reflections* magazine?**

Mailed Copy (Black & White)

Online Access (Color Copy)

Branch Name: ***Please indicate the local branch with which you would like to be affiliated.***

Bathurst

Carleton/NY

Central

Charlotte

Kings

Miramichi

Moncton (GMART)

Restigouche

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.

WIN \$500 Cash or a new iPad (A16) – If you enter the name of the NBSRT member who encouraged you to join, both of your names will be entered into a draw for your choice of \$500 cash or a new iPad (A16).

MEMBER'S NAME: _____

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)*

Submit via Email:

1. Sign and date this form (see above)
2. Scan the signed form - PDF Format
3. Attach the scanned form in an email to:
hondasbarb@gmail.com

Submit via Canada Post:

1. Sign and date this form (see above)
2. Mail to: Barbara Hondas
NBSRT Membership Secretary
44 Church Street
Miramichi, NB E1N 1T3