



Retired Teachers' Association of Newfoundland and Labrador

Name: _____

Address: _____

_____ Postal Code: _____

Tel: _____ SIN: _____

Email: _____

Please Check

I wish to be a member of the Retired Teachers' Association of Newfoundland and Labrador (RTANL). I hereby authorize the Department of Finance to deduct the annual membership fee as determined by BGM semi-monthly from my pension and remit to the RTANL.

I hereby authorize the Pensions Division to release my address to the RTANL Executive when requested.

Signature: _____ Date: _____

Please forward completed form to:
Retired Teachers' Association of Newfoundland and Labrador
c/o Treasurer
3 Kenmount Road
St. John's NL A1B 1W1

MEMBER OF ACER-CART