



Retired Teachers' Association of Newfoundland and Labrador

MEMBERSHIP APPLICATION

Name: _____

Address: _____

_____ Postal Code: _____

Tel: _____ Last 4 digits S.I.N.: _____

Email: _____

Please Check

I hereby authorize the Teachers' Pension Plan Corporation (TPPC) to deduct the annual membership fee as determined by BGM semi-monthly from my pension and remit to the RTANL.

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