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Retired Teachers' Association of Newfoundland and Labrador

MEMBERSHIP APPLICATION

Name:	
Address:	
	Postal Code:
Tel:	Last 4 digits S.I.N.:
Email:	
	NLY for RTANL purposes)
Please	e Check
I hereby authorize the Teachers' Pension Plan Co as determined by BGM semi-monthly from my p	orporation (TPPC) to deduct the annual membership fee pension and remit to the RTANL.
Signature:	Date:
Please forward c	completed form to:
	of Newfoundland and Labrador
	easurer ount Road
	NL A1B 1W1
MEMBER O	F ACER-CART