

APPLICATION FOR ASSOCIATE MEMBERSHIP IN THE BC GOVERNMENT RETIRED EMPLOYEES' ASSOCIATION

I Am: My Spouse is:

BRANCH _____



- ☐ ☐ Applying as an Associate Member (Government Pension annuitant, OTHER THAN the Public Service Pension Plan)

Spouse is one who resides with an Associate member or one who is in receipt of a deceased member's provincial pension.

General Information – Please Print Clearly

First Name – Member	Middle Name	Last Name
_____	_____	_____

First Name – Spouse (if applying)	Middle Name	Last Name
_____	_____	_____

Address –Apt/Street	City/Province & Country if not Canada	Postal Code
_____	_____	_____

Primary Telephone Number	Alternate Phone Number (Optional)	Member's E-mail Address
_____	_____	_____

Spouse's or 2 nd E-mail Address (optional)	Former Branch, Ministry or Government Employer
_____	_____

- ☐ I have enclosed a cheque or money order payable to BCGREA for \$20.00 or \$40.00 for Member and Spouse for the current calendar year's membership dues.

**By signing this application, I agree to abide by the Constitution and Bylaws of the Association and consent to the sharing of my personal information between the BCGREA and its partners.
I agree to the Association using this information internally for administrative purposes.
I also understand that the information is being collected, stored and accessed within Canada and that it will not be shared without my consent. I understand my consent is valid until I revoke it.**

Applicant's Signature
Date signed _____

Spouse's signature (if applicable)
Date signed _____

**(Branch Mailing Addresses are on the website – www.bcgrea.ca) or Call 250-751-8814
or mail to B.C. Government Retired Employees Association
P.O. Box 791, Station A, Nanaimo, B.C. V9R 5M2
or send a scanned copy of your completed application to BCGREA@telus.net**

Revised: 2020-05-13