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

I Am:	My Spouse is:		OUMBLA GOL
	В	RANCH	
	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 pension.		
Gener	al Information – Please Pr	int Clearly	
First N	ame – Member	Middle Name	Last Name
		I	I
First N	ame – Spouse (if applying)	Middle Name	Last Name
<u> </u>	I	<u> </u>	
Addres	ss –Apt/Street	City/Province & Country if no	t Canada Postal Code
I		I	
Primar	y Telephone Number	Alternate Phone Number (optional)	Member's E-mail Address
<u> </u>		I	
Spous	e's or 2 nd E-mail Address (o	ptional) Former Branch, M	inistry or Government Employer
<u> </u>		<u> </u>	
My Pe	nsion Plan is: \square College	Teachers' D Municipal	☐ WorkSafe
🔲 l ha	ave enclosed a cheque or money o calendar year's membership.	order payable to BCGREA for \$20.00 or \$40.00 for	r Member and Spouse for the current
		ree to abide by the Constitution and E rsonal information between the BCG	
date o		y title, name, address, email address he BC Pension Corporation and the E ip lists.	
l agree	e to the Association using	this information internally for admin	istrative purposes.
		nation is being collected, stored and t my consent. I understand my conse	
Applicar	nt's Signature	Spouse's signature (if applicable)
Date sig	-	Date signed	11
	or mail to B.0 PO Box 26067	es are on the website – www.bcgrea.c C. Government Retired Employees' A 7 West Kelowna RPO, West Kelowna, ppy of your completed application to l	ssociation BC V4T 2G3

Revised: 2023-07-25