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

I Am:	My Spouse is:		UMBIA G	
	BRANCH			
	BRANCHApplying 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 Pl	rint Clearly		
	lame – Member	Middle Name	Last Name	
I	I			
First N	lame – Spouse (if applying)	Middle Name	Last Name	
	I			
Addre	ss –Apt/Street	City/Province & Country i	f not Canada Postal Code	
		I		
Primar	y Telephone Number	Alternate Phone Number (optiona	l) Member's E-mail Address	
I		I	1	
<u> </u>	e's or 2 <sup>nd</sup> E-mail Address (c	<u>I</u>	n, Ministry or Government Employer	
	D Other, plea	ase specify		
numbe and th valid u	er, date of birth, date of dea e BCGREA for the purpose	of my Person ID (PID), title, name, ad th, gender, and employer number bet s of updating BCGREA's membershi stand that information is being collect red without my consent.	ween the BC Pension Corporation p lists. I understand my consent is	
BCGR approv	EA business, and Branch N	ctronic important communications suc News. I can change my email prefere		
BCGR		ble communications from partner affinger and the set of		
Applica	nt's Signature	Spouse's signat	ure (if applicable)	
Date signed		Date signed	Date signed	
	or mail to B	es are on the website – www.bcgre .C. Government Retired Employee 7 West Kelowna RPO, West Kelow	s' Association	

or send a scanned copy of your completed application to info@bcgrea.ca