

# PEI Retired Teachers Association Application Form

## Membership Release of Information to the PEI Retired Teachers Association

First Name and Initial

Last Name

\_\_\_\_\_

\_\_\_\_\_

Gender : \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

I hereby apply for membership in the Prince Edward Island Retired Teachers Association.

I agree to pay \$2:00 per month for dues and to grant permission for the PEI Teacher's Pension Plan to deduct \$2.00 from my pension each month.

The Retired Teachers Association will use the information for the purpose of corresponding with me.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Mail to:

Pensions and Benefits

PO Box 2000, 16 Fitzroy St.

3<sup>rd</sup> Floor Sullivan Building

Charlottetown, PE C1A 7N8