



## Municipal Pension Retirees' Association Application for Membership

**Name:** (please print) \_\_\_\_\_  
(Last Name) (Mr., Mrs., Ms., Miss and First Name) (Middle Name)

**Spouse's Name:** \_\_\_\_\_ (If a spouse is also receiving a Municipal Pension, the spouse should fill out a separate application form)

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone Area Code:** ( \_\_\_\_ ) **Home:** \_\_\_\_\_ - \_\_\_\_\_ **Fax:** \_\_\_\_\_ - \_\_\_\_\_  
(if applicable)

**Email Address:** \_\_\_\_\_

**Affiliation:** \_\_\_\_\_  
(who was your employer prior to retirement?  
eg. GVRD, Prince George Hospital, City of Vernon, etc.)

**Regular Member** – is a person receiving a pension or a survivor's pension from the Municipal Pension Plan administered by the British Columbia Pension Corporation, and/or their spouse is eligible for membership in the MPRA.

I am:  Applying for a **regular** membership

Applying for an **associate** membership

(An associate member is a person receiving a pension from a plan administered by the British Columbia Pension Corporation, other than the Municipal Pension Plan)

▶ Do you want to have your annual dues deducted from your April pension payment? (for forms submitted by March 1 only)

Yes

No

▶ If YES above, my signature below authorizes the BC Pension Corporation to deduct my membership dues from each April payment until such time as I revoke this authority in writing to the MPRA.

Pension Effective Date: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Birth Date: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Please also deduct my spouse's membership payment from my April pension payment.

▶ For membership dues deduction, please provide your **Social Insurance Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

▶ Please deduct  \$15.00 per year for my membership ...and  \$15.00 per year for my spouse's membership

▶ If you do NOT wish to have your dues deducted by the Pension corporation at this time, please enclose a **cheque or money order in the amount of \$15.00 per member** payable to the MPRA for one year's membership.

▶ I give my consent to the MPRA to share my personal information including SIN, address, birthdate and deceased date when making enquiries on my behalf to the BC Pension Corporation.

▶ The personal information provided to the MPRA in this application will be kept confidential and will only be used for MPRA membership purposes.

**Signature:** \_\_\_\_\_ **Date:** (mm/dd/yyyy) \_\_\_\_\_

Please return completed application form along with your cheque to:

**MPRA** Municipal Pension Retirees' Association  
2946 Shannon Place, Westbank, BC V4T 1T5