



Application for Affiliation

AFFILIATE MEMBERSHIP

ORGANIZATION AND CHAPTER NUMBER

OFFICER AND TITLE

Mailing Address:

STREET

CITY PROVINCE POSTAL CODE

(_____) _____
AREA CODE TELEPHONE NO.

E-MAIL ADDRESS

Please check off the appropriate box:

NEW **RENEWAL**

Membership fees for Local, Provincial and National Organizations:

- up to 50 members.....\$25 per year
- 51 to 250 members.....\$50 per year
- 251 to 500 members.....\$100 per year
- 501 to 1,000 members.....\$150 per year
- more than 1,000 members\$250 per year

Area Council of Retirees:

- up to 100 members.....\$25 per year

Territorial/Provincial Federation:

- 500 members or less.....\$50 per year
- more than 500 members.....\$100per year

Amount of cheque enclosed: \$ _____

Date _____

In order to ensure that the Executive receive the CURC magazine and enewsletters, please fill in form below or attach a list with both mailing and email addresses for your Executive. Please indicate if person prefers material in French.

OFFICER AND TITLE

Mailing Address:

STREET

CITY PROVINCE POSTAL CODE

(_____) _____
AREA CODE TELEPHONE NO.

E-MAIL ADDRESS

Please make cheque payable to:
CONGRESS OF UNION RETIREES OF CANADA

Return to:
CONGRESS OF UNION RETIREES OF CANADA
2841 RIVERSIDE DRIVE
OTTAWA, ONTARIO K1V 8X7

Telephone: (613) 526-7422 * Fax: (613) 521-4655