

MEMBERSHIP APPLICATION

BRITISH COLUMBIA RETIRED TEACHERS' ASSOCIATION

100 - 550 WEST 6th AVENUE · VANCOUVER BC · V5Z 4P2 TEL 604.871.2260 OR TOLL FREE 1.877.683.2243



Surname:		Please	e Circle:	Dr.	Mr. Mrs.	Ms.
Given Names:		Retired from SD #				
CONTACT INFORMAT	ION					
Unit Number and Str	eet Number or P.O. Box					
City	Province		Postal (Code		
Birthdate DD/MM/Y	YYY Telephone			SIN		
Email						
ACTIVE MEMBERSHI (May vote and hold office in t	P the BCRTA and/or its Branches, and	l access all benefits.	Choose ON	NE below.)		
•	ion from the <i>BC Teachers Pe</i> of a deceased Active/Life n					
AFFILIATE MEMBERS (May access all benefits and a						
I receive a pensi	ion from the Teachers Pensi	on Plan of		(provii	nce)	
ASSOCIATE MEMBER (Access to benefit and affinity	SHIP y plans, but may not vote or hold o	ffice in the BCRTA aı	nd/or its Br	anches. Cho	oose ONE be	elow.)
•	P/partner of an Active, Life, P R'S NAME			TA MEME		
I am a retired (pl	'ease circle which)					
faculty r	member of university / co	ollege / other pos	st-secona	lary instit	ution	
e	ducator at independent /	private school /	certified	pre-scho	ol	
I retired from th	e non-educator staff of (ple	ease circle which)):			
	a BCTF local / BCSSA / BCF					
		-				
I retired from no	on-educator employment ir	n a K-12 school s	ystem oı	a post-s	econdary	' institution
Position:	:	Institution:			_	
•	mployed in education, and n to have access to BCRTA m		•	y for one	of the ca	tegories above
Position	and where employed:				_	

POSTSCRIPT MAGAZINE - your news, events, articles, classifieds & more from BCTRA

I prefer: **Email**

Print version (Canada Post)

My spouse is a BCRTA member and we prefer one printed copy.

Spouse/partner's name or membership number

MEMBERSHIP FEES AND BENEFITS

- receive BCRTA publications
- join a local BCRTA branch
- access Members Advantage affinity programs
- enroll in BCRTA insurance and benefits programs, including:
 - extended health and dental
 - travel insurance at preferred rates
 - long-term care plans
 - home insurance plans

THE RR SMITH MEMORIAL FUND

is a separate body, founded by the BCRTA, which works alongside BCRTA in advocacy and philanthropic efforts in Canada and around the world. Your support makes this work possible. Membership in the RR Smith Memorial Fund has a nominal annual fee of \$2.

AUTHORIZATION

I understand that upon joining the BCRTA I am authorizing the Association to use my name and contact information solely for purposes related to the administration of the BCRTA and its member benefit programs, including the RR Smith Memorial Fund Foundation and that the BCRTA will not share this *information* with other persons or organizations without my consent.

Commencing Sept 1st of the second year of my membership, unless I have contacted the office to cancel my membership, I will remit fees annually. Fees will be paid by a pre-authorized deduction from my pension payments or by cheque. (Members who pay by cheque will receive reminders from the BCRTA.)

ACCEPT THE SPECIAL OFFER



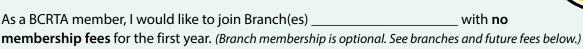
SAVE \$40+

YES, I want to join BCRTA and RR Smith Memorial Fund with no membership fees for the first year! (\$38 + \$2 = \$40 value)

I want to join BCRTA only (\$38 value).

OR

OPTIONAL



ABBOTSFORD	\$5	CRANBROOK	\$10	MISSION	\$5	QUESNEL	\$5	
ALBERNI	\$5	CRESTON	\$10	NANAIMO/LADYSMITH	\$10	RICHMOND	\$10	
BOUNDARY AREA	\$5	DELTA	\$8	NEW WESTMINSTER	\$10	RIDGE MEADOWS	\$8	
BULKLEY VALLEY	\$5	ELK VALLEY	\$5	NICOLA VALLEY	\$10	SEA TO SKY	\$5	
BURNABY	\$10	GULF ISLANDS	\$5	NORTH COAST	\$5	SHUSWAP & DIST	\$5	
CAMPBELL RIVER	\$5	KAMLOOPS	\$5	NORTH SHORE	\$10	SOUTH OKANAGAN	\$5	
CARIBOO/CHILCOTIN	\$7.50	KIMBERLEY	\$8	PARKSVILLE/QUALICUM	\$10	SUNSHINE COAST	\$10	
CENTRAL OKANAGAN	\$5	KITIMAT	\$5	PEACE RIVER N.	\$5	SURREY	\$10	
CHILLIWACK	\$10	KOOTENAY/COL.	\$5	PEACE RIVER S.	\$5	VANCOUVER	\$12	
COLUMBIA VALLEY	\$10	KOOTENAY LAKE W	\$10	POWELL RIVER	\$10	VAN ISLAND NORTH	\$10	
COQUITLAM	\$5	LANGLEY	\$10	PRINCE GEORGE	\$10	VERNON	\$5	
COWICHAN VALLEY	\$5	LOWER VAN ISLAND	\$10	PRINCE RUPERT	\$5	WINE COUNTRY	\$5	

Signature of Applicant	Date	