

Memorial University Pensioners Association

Memorial University of Newfoundland
St. John's, NL A1C 5S7
E-Mail: munpa@mun.ca
Telephone: 709-864-6979

MUNPA Information Form

Please complete and return this form to the Benefits and Pensions, Department of Human Resources, A-4025 Arts and Administration building, Memorial University of Newfoundland.

Membership

All retirees from Memorial University are automatically members of the MUN Pensioners Association, but our capacity to operate effectively on behalf of retirees depends on members volunteering to financially support the association. Membership fees allow us to provide social networking opportunities, socials, advocacy on behalf of our members, and items of interest through our newsletter, *Your Voice*. Article 8.1 of the MUNPA Constitution provides for a voluntary, annual membership fee, currently set at \$12 per year.

Please choose one of the options below:

(a) I hereby authorize the Department of Human Resources to deduct \$1. (one dollar) per month from my pension and remit this amount to the Memorial University of Newfoundland Pensioners' Association (MUNPA).

OR

(b) I **do not** want to contribute membership fees through payroll deduction.

Contact Information

First Name: _____ Initial: ____ Last Name: _____

Preferred title: Ms Mr. Professor Dr. Other _____

Mailing Address: _____

Postal Code: _____ Telephone Number: ____ ____ ____

Employee No: _____ (this number is shown on cheque deposit notice/cheque stub)

Retired from: St. John's campus Grenfell College Marine Institute

Faculty/School/Department _____ Staff Faculty

E-Mail Address: _____

I would like my MUN e-mail address to be listed in the MUNPA section of Memorial's on-line directory (please note only @mun.ca, @mi.mun.ca and @swgc.mun.ca e-mail addresses can be included). yes no

I consent to MUN Human Resources Department disclosing the above contact information to MUNPA: 1) for the purpose of administering membership fees, if I opt to have membership fees deducted by Human Resources as set out above; and/or 2) for the purpose of maintaining the membership list and communicating with members. The information you provide will be held securely and used only for the purposes described above and disclosed only as required by law.

I am: Pensioner Survivor of: _____

Signature

Date