



## Membership

All retirees from Memorial University, and their surviving principal beneficiaries, are automatically members of the MUN Pensioners Association. MUNPA's role is to advocate on behalf of our members, provide social networking opportunities, social events, and keep our membership informed through email, our newsletter, **Your Voice**, and our website, [www.mun.ca/munpa](http://www.mun.ca/munpa). Funding for these services comes from membership fees of our supporting members. MUNPA's bylaws provide for a voluntary, modest, annual membership fee, to be set by members at a general meeting.

### Please choose ONE of the options below

I hereby authorize the Department of Human Resources to deduct from my monthly pension the amount approved by the MUNPA membership and remit this amount to MUNPA. *Note: As of June 2012 the fee is \$2.00 per month.*

I do not wish to contribute to MUNPA.

Banner ID # (printed on your pay stub) \_\_\_\_\_ **AND/OR** Employee #: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Preferred Title \_\_\_\_\_

I am a  MUN Retiree **OR** I am a  Principal Beneficiary of: \_\_\_\_\_

I (or my late spouse/partner) retired from the:  St. John's campus  Grenfell campus  Marine Institute

with the Faculty/School/Department/Other: \_\_\_\_\_ Staff  Faculty

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Town/ City: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_ MUN E-mail: \_\_\_\_\_

*MUN Retirees:* I would like my MUN e-mail address to be listed in the MUNPA section of Memorial's on-line directory (only @mun.ca, @mi.mun.ca e-mail addresses can be included):  Yes  No

I consent to the MUN Department of Human Resources 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. (*Note: The information you provide will be held securely and used only for the purposes described above and disclosed only as permitted by law.*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please complete, take a picture or scan and send to [myhr@mun.ca](mailto:myhr@mun.ca) or through the Case Management System on [my.mun.ca](http://my.mun.ca).**