BROCK UNIVERSITY RETIREES' ASSOCIATION (BURA)
MEMBERSHIP APPLICATION/RENEWAL FORM

NAME: _____ **SPOUSE'S NAME**:_____
(Please print.) (Please print.)

For completion by new members! If renewing, please complete *only* if you have had a change of mailing address, telephone number or e-mail address.

DEPARTMENT:_____
_ _____
ADDRESS:_____
_ _____
Telephone: _____**E-Mail**:_____

⇨ I wish to be contacted for BURA events by: **email [ ] phone [ ] neither [ ]**

Please return this application form and your cheque, as applicable (see below), payable to **BROCK UNIVERSITY RETIREES' ASSOCIATION (*OR* to BURA) and mail to:**

Jim Lennard,
BURA Membership Chair,
10 - 99 Linwell Road,
St. Catharines, ON , L2N 1R6

Current Fees:

Annual Membership Fee: $15.00 (from **July 1st to June 30th**).

The fee for members joining BURA between January 1 and April 30 is $7.50.
No membership fee will be applied for those joining between May 1 and June 30.
The renewal membership fee is due annually on July 1.

My cheque for $15.00 [ ] $7.50 [ ] is enclosed; OR no fee is currently due [ ]
(if joining between May 1 and June 30)

Please contact Jim Lennard at 905-682-5953 for further information re: membership.

N.B. If you are enrolling in the Corsana Group Benefit Plan through BURA, please check the box below:

[ ] I UNDERSTAND THAT I MUST BE A MEMBER OF BURA, IN GOOD STANDING, TO BE ELIGIBLE FOR THE CORSANA GROUP BENEFIT PLAN through BURA. Please confirm my BURA membership with Hardiman Mount.

_____ _____
Date **Signature**

Thank you for joining us! We hope that you are able to come out to the various events and gatherings that are held from September to June (usually once a month). You will receive a newsletter detailing events and information of interest to members.

May, 2013