**Membership Application Form**

Please accept my application for membership in the CN Pensioners’ Association of Manitoba. I

understand that the annual fee is $12 per calendar year (January to December), which I can pay

through a pension cheque monthly deduction of $1 or by cheque for $12 made to the order of the

CN Pensioners’ Association of Manitoba.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **** Pension cheque deduction

 LAST NAME FIRST NAME

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Prov.\_\_\_\_\_\_\_\_ **** Enclosed is my cheque for $12

Postal Code\_\_\_\_\_\_\_\_\_\_\_\_

PIN:\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to receive the CNPA Manitoba Newsletter by Email: \_\_\_ YES \_\_\_ NO

**Mail application to:**

CN Pensioners’ Association of Manitoba

10 Greenwich Bay

Winnipeg, MB

R2J 1T6