

ASSOCIATION OF BC COLLEGE PENSION PLAN RETIREES (CPPR) MEMBERSHIP APPLICATION FORM

The Completed form may be **scanned and emailed directly to us at collegeinfo@bccollegepensionplanretirees.ca** and **any necessary dues** (Associate members and those choosing option three below) **sent to abccppr@gmail.com** by **e-transfer**. If you prefer to mail your application or need to send us a cheque, our mailing address is **Association of British Columbia College Pension Plan Retirees, 3 – 2424 Main Street, West Kelowna, BC, V4T 1P6**
See Privacy and Consent Box 3 below.

Members of the CPPR are governed by the bylaws and constitution of the Association.

PLEASE CHECK AS APPROPRIATE:

Full Membership

- I am receiving a pension from the BC College Pension Plan.
[Also Check box 1 and boxes 2 and 3 if appropriate]
- I have retired from a BC Post-Secondary institution but opted out of the College Pension Plan.
[Also Check box 3 below and box 2 if appropriate]

Associate Membership

- I will be eligible to draw a pension from the College Pension Plan in

_____ (Fill in date of earliest eligibility for a pension. Must be five years from now or less).

[Also Check box 3 below and box 2 if appropriate] and

- enclose my cheque have e-transferred **CPPR** dues of

\$ _____ for this year.

To make most efficient use of members' dues, all communications from the ABC CPPR, including two copies a year of the newsletter *Prime Time* will be sent via email. Materials will be mailed only to those members without an email address **Please check here if you do not have an email address** and want to receive *Prime Time* and other communications by Canada Post.

PLEASE PRINT: * Required Information

Dr. Mr. Ms. _____ Name* _____

Address* _____

City* _____

Postal Code* _____

Phone _____

Email* _____

I/my spouse retired from (Post-Secondary institution) _____ on _____ Retirement Date *

Privacy and Consent

1

I hereby authorize the BC Pension Corporation to deduct CPPR membership dues from each September pension payment. I consent to the disclosure of my Person ID (PID), title, name, date of birth, date of death, gender, and employer number between the BC Pension Corporation and the CPPR for the purposes of administering dues deductions and updating CPPR's membership lists. I hereby consent to the disclosure of my name and Person ID by the CPPR to BC Pension Corporation for the purpose of administering dues deductions as described above. I understand my consent is valid until I revoke it or until the time of my passing. I also understand that the information is being collected, stored and accessed within Canada and that it will not be shared without my consent.

2

I hereby authorize the CPPR to collect, use, and disclose my personal information other than my Person ID (PID) to Green Shield Canada, MSP, or other service providers to the ABC CPPR should I request the CPPR's assistance in making enquiries of said service providers.

3

I am NOT currently receiving a pension from the BC College Pension Plan (Assoc. Member) **OR** I prefer to pay dues by cheque. I understand that my cheque or email transfer for the CPPR fees is due on or before August 31st. *Check here to pay yearly by cheque.*

Please ensure you sign this form

SIGNATURE* _____

DATE _____

PID* _____

*Person Identity Number is required for dues deduction by the Pension Corporation (see Option 1 above. Your PID can be found on all correspondence you received from the College Pension Plan).