

2026 CPPR New Web Application

Individual Application Form

Choose a type of membership category you are applying for:

- ACTIVE** – anyone who is receiving a College Pension Plan retirement payment (e.g. retired; widowed; previous spouse; or working past age 71).
- ASSOCIATE** – all others who will become eligible for a College Pension Plan payment. **Choose** type of Associate membership.
 - An **employee enrolled** in the College Pension Plan
 - A **previous employee enrolled** in the College Pension Plan
 - A spouse or surviving spouse of a current or previous ACTIVE member.

Complete the information below **required information is bolded** and marked with *****.

Title _____ **First Name*** _____ Initials _____

Last Name* _____

Street Address* _____ **Unit*** _____

City* _____ **Province*** _____

Postal Code* _____ **Phone*** (circle home or work) _____

Email * _____

PID* _____

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

Select one or more employers you worked for in earning your pension and other.

COST – There is no cost for joining providing you agree to pay for your membership by deduction from your pension annually in September, once you are receiving your Pension.

Heard About and Consent

How did you hear about the CPPR?* Select all that apply

I would like to receive important communications such as the CPPR Newsletter and important messages from the CPPR. Once my application has been accepted, I will receive instructions to access the CPPR Member Portal where I can fine tune my selection. *

- Yes
- No

I would like to receive valuable communications from partner affiliates that offer discounts with CPPR membership. I understand that I can adjust my selections in the CPPR Member Portal. *

- Yes
- No

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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, address, email address, phone number, 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. *

Yes

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. I also understand that information is being collected, stored and accessed within Canada and that it will not be shared without my consent. *

Yes

SIGNATURE* _____ **DATE***(yyyy-mm-dd) _____