

OPSSU RETIREE GROUP (ORG) REGISTRATION FORM

First Name(s): _____ Last Name: _____

HOME CONTACT INFORMATION:

Unit: _____ Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Home/Secure E-mail Address: _____

RETIREMENT INFORMATION:

Hire Date: (D)_____ (M)_____ (Y)_____ Retirement Date: (D)_____ (M)_____ (Y)_____

Last home position title before retirement: _____

Last Department/Regional Office: _____

I have read and agree to the Terms of Reference for the Ontario Public Service Staff Union Retirees Group (ORG). I understand the role of this group is to discuss issues of particular concern and interest to ORG members, to formulate recommendations for action by OPSSU, and to provide support and assistance to OPSSU.

I further understand and agree that to remain a member in good standing of the ORG each member must uphold the OPSSU Constitution, do no harm to any member of the ORG, or to any member of OPSSU or to the Union (OPSSU).

Retiree Signature

Please submit to: OPSSU Membership Secretary

Office use:

Date received: _____ Date recorded: _____

Accepted by: _____
OPSSU President Signature