

CUPE 5523
Pre Retirement Planning Seminar
Application

DATE: _____

MEMBER'S NAME: _____

MEMBER'S AGE: _____

ESTIMATED YEAR OF RETIREMENT: _____

NAME OF SPOUSE ATTENDING: _____

ADDRESS:

PHONE NUMBER: _____

EMAIL: _____

COMMENTS: _____

***Please return to Jodie Appell, Secretary Treasurer**

Email: secretarytreasurer@cupe5523.ca

Or via the internal mail bag to the Board Office