

https://retirees.centennialcollege.ca/ Tel: (416) 289-5291

Membership Application

Information pr	ovided is strictly Private and Confidential * Asterisk means required field
Last Name: * _	
First Name: * _	
Address: _	
_	
Telephone: * _	CCRA mode of communication is
Email: *	EMAIL
Ctatistics	To keep our records ourrent places confirms
Statistics:	To keep our records current, please confirm:
Year you ret	red:
Employee Gi	oup: * Support Faculty Administration (Tick appropriate box)
Your name and a Canada Anti-Span The objective of our members, CCF Express Consent To send newslett "express" consent	CASL is to prevent unwanted emails from arriving in email boxes of Canadians, and because we send bulk emails to the A will comply with this law. ers, bulletins and other bulk email communications to our members, the Act requires senders to obtain an form from each member who has supplied a personal email address. you are giving your "express" consent to receive CCRA newsletters, bulletins and other announcements via
SIGNATURE:	
DATE:	
Membership f	\$10.00 payable to Centennial College Retirees Association Please mail your membership form and cheque to: ATTN: Fiona Gosh Bedlington Centennial College Retirees Association PO Box 631, Station A Toronto, ON M1K 5E9
DISCLAIMER:	By accepting an invitation to participate in a CCRA event, you understand and consent that the CCRA will be

taking photos and may publish them in any format or media without additional consent. To ensure the privacy of individuals, images will not be identified using full names or personal identifying information.