



Deduction of Dues at Source

Branch: _____

Dear member:

Thank you for adopting this method of payment.

Please send this application form directly to the National Office at:
 FSNA, 1052 St Laurent Blvd., Ottawa, ON K1K 3B4

Dues Deduction Authorization

You are required to complete the authorization area **ONLY** if you would prefer to have the convenience of having your dues deducted monthly directly from your pension payment. Paid-up members will see their deductions start at the beginning of the next membership year (January 2008). **Members already on DDS do not need to reapply every year.**

I authorize Public Works and Government Services Canada to deduct FSNA dues from my pension payments and to remit those dues to FSNA. I understand that I may revoke this authorization at any time by notifying FSNA.

Signature: _____ Date: _____

Pension Number: _____ FSNA Member Number: _____
(NUMBER ISSUED BY PENSION SOURCE INDICATED BELOW)

Pension Source: (CHECK ONLY ONE SUPERANNUATION PLAN)(DDS NOT AVAILABLE ON JUDGES' PLAN)

Canadian Forces Public Service Royal Canadian Mounted Police
AND

It is a retirement pension OR It is a survivor's allowance

FSNA Membership Category:

Single (\$2.85 per month) OR Double (\$3.70 per month)

Name: _____ First Name: _____
(PRINT NAME EXACTLY AS SHOWN ON PENSION STATEMENT)

Spouse's Name: _____ Spouse's first name: _____

Address: _____
 _____ Postal Code: _____ Phone Number: _____

E-mail: _____

Provision of pension information requested on this document is voluntary. You may, without prejudice, decline to respond. This information is being collected to enable deduction of membership dues from your pension payments or survivor's allowance*.

This information will not be shared with anyone other than Public Works and Government Services Canada.

*DDS METHOD OF PAYMENT NOT APPLICABLE TO RCMP SURVIVORS, TO FEDERALLY APOINTED JUDGES, NOR TO ASSOCIATE MEMBERSHIPS.