Communications Security Establishment Retirees' Association (CSERA)

Application for Membership

Name: _____

Street Address: _____

Apt/Unit/PO Box: _____

City or Town: _____

Province: _____

Postal Code: _____

Telephone: _____

Email: _____

Years worked at CBNRC/CSE: _____ to _____
(new members only) Year Year

Please ☐ include / ☐ exclude (pick one) my information from the Association's website and the members' directory listing. Please note, the Association will only ever make your information available to its members.

Please indicate the method that you would like to receive correspondence from the Association. This includes the quarterly newsletter, directory listing etc. If you can, please select email. This will save the Association money.

Email: ☐ Canada Post: ☐

Signature: _____