

Membership Application / DDS Authorization Form



If you can't print this form, [click here](#) to have one mailed to you

STEP 1: Tell us about yourself

Name: _____ First name: _____

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

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: (____) _____ E-mail: _____

- I would like to become a member
- I am a current member wishing to take advantage of deduction of dues at source.
My FSNA membership number is: _____

Pension source (check only one box)

- The Canadian Forces Superannuation Plan (CF)
- The Judges Plan (Judges)
- The Public Service Superannuation Plan (PS)
- The Royal Canadian Mounted Police Superannuation Plan (RCMP)

Pension category (check only one box)

- This pension is a retirement pension
- This pension is a survivor's allowance

STEP 2: Choose a type of Membership

A. If you are currently a federal pensioner, select either:

- Single membership (pensioner only):
Annual dues* of \$34.20 or
\$2.85 per month on dues deduction at source (see STEP 3)
- Double membership (pensioner and partner):
Annual dues* of \$44.40 or
\$3.70 per month on dues deduction at source (see STEP 3)

B. If you are soon to be a federal pensioner:

- Associate membership. I will be receiving a pension in _____ year(s)
Annual dues* of \$15.00

* Annual dues are for a calendar year / from January 1st to December 31st

STEP 3: Choose a method of Payment (A or B)

A. Dues Deduced at Source (DDS)

- I would like to have my membership dues deducted at source from my pension payments and I have signed the authorization below.

Dues deduction at source is not applicable to RCMP survivor allowances, judges' pensions, judges' survivor allowances, or to associate memberships.

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. Members already on DDS do not need to reapply every year.

Dues Deduction Authorization

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.

Pension Number: _____
(Number printed on pension statement) (Pension source indicated on reverse)

Name: _____
(Print name exactly as shown on pension statement)

Signature: _____ Date: _____

Provision of pension information requested on this document is voluntary. This information is being collected to enable convenient monthly deduction of membership dues from your pension payments or survivor's allowance and for no other purpose. You may, without prejudice, decline to provide such information and chose to pay your dues annually by cheque.

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

B. Payment by Cheque

- I am enclosing a cheque payable to **FSNA** for the annual amount as specified on page 1
- Single \$34.20 Double \$44.40 Associate \$15.00

STEP 4: Mail us this information

Mail this completed form (and cheque if you are not authorizing deduction of dues at source) to:

FSNA National Office
1052 St Laurent Blvd
Ottawa ON K1K 3B4