

Manitoba Association of Retired Government Employees (MARGE) Inc.

Membership Renewal Form

MARGE Membership Number (5-digit number) _____

First Name _____ **Last Name** _____

Email Address * _____

*By providing your email address you consent to receiving email communications from MARGE.

Please report any changes to your address and / or phone numbers below:

Membership Dues are \$15 per calendar year. If you wish, you may pay for up to 2 additional annual renewals, in advance (i.e. \$30 or \$45). Please note MARGE does not refund prepaid membership dues.

Signature: _____ Date: _____

Mail your completed Renewal Form, along with your cheque (not post-dated) or money order made payable to MARGE Inc. to:

MARGE Inc. / 200 Vaughan Street, Box # 3 /Winnipeg, MB R3C1T5

For Office Use Only

Date reviewed _____

Data Entry

Approved by _____

Date entered _____

Expiry Year _____

Entered by _____

M/S Card prepared by _____

Cash Receipt

Mailed by _____

Cash receipt # _____

Date prepared _____

Filed by _____

Prepared /recorded by _____