

**Membership Information (Please Print)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Language: English / French

Year you retired: \_\_\_\_\_ Last Sears Unit worked in: \_\_\_\_\_

I receive a pension from Sears Canada's pension plan: Yes / No Allow other SCRG members to contact me: Yes / No

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**It is important for a spouse to take advantage of free membership in SCRG. This will allow uninterrupted communication from SCRG about pensions and benefits in the event you are ill or are incapacitated in some manner.**

Spouse's Name: \_\_\_\_\_

Spouse's Address: \_\_\_\_\_  
(If different than above)

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Language: English / French

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**I agree to abide by the bylaws and policies of SCRG.**

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**Signature of New Member**

**Signature of Spouse**

**Date Completed**

**Please remit this form with your cheque or money order to:**

SCRG  
P.O. Box 38602  
3299 Bayview Avenue  
North York, Ontario  
M2K 2Y5

***Thank you for joining SCRG***