



Retiree Council | Conseil des Retraités

Name | Nom: _____

Address | Adresse: _____

City | Ville: _____

Province: _____ Postal code | Code postal: _____

Telephone | Téléphone: _____

Email | Courriel: _____

Local Union | Section locale: _____

Partner | Partenaire: _____

Along with \$20 cheque or money order made out to Retiree Council or Conseil des Retraités, mail to:

1050 Baxter Rd., Suite 7B
Ottawa ON K2C 3P1

