Registration Form

PARTICIPANT	
Last name	First name
Address	
City	Province and Postal Code
Phone	Social Insurance Number **(mandatory for Retraite Québec)**
Email address	

Reverse →

As a member of AREF, I authorize Retraite Québec to deduct $2.50 a month from my pension.
I can cancel my membership at any time by writing to the Secretariat.

Educational establishment at the time of retirement	OR	Name of former spouse (separated or deceased)

Date of retirement (YYYY-MM-DD)	Signature	Date of signature (YYYY-MM-DD)

IMPORTANT

Only the members' names are published at aref-neq.ca.
If you do not want your name to appear on our website, please advise the Secretariat in writing or check the box below.

☐ **I do not want my name to appear on the website.**

AREF – Secretariat
PO Box 34009
Quebec QC G1G 6P2

1 888 513-2494
secretariat@aref-neq.ca

← **Front**