



Telephone Retirees Association of Manitoba – TRAM

Member Application Form

Name: _____
(Print-first name) (Initial) (Print - Last Name)

Spouse Name: _____
(Print-first name) (Initial) (Print - Last Name)

Address: _____

City/Town: _____ Province: _____

Postal Code: _____

Telephone Number: _____

Cell Number: _____

Email: _____

Select your category:

- Retired employee of MTS
- Spouse of deceased MTS employee
- Person in receipt of a survivor benefit as defined pursuant to any retirement benefit package
- Former MTS employee

Signature: _____ Date: _____

Annual Dues: \$10.00 Please make cheques payable to TRAM.

TRAM collects this contact information so that we can communicate with you and/or surviving spouse or dependants regarding pension matters such as before the Pension Law suit, Blue Cross or any other issue that Tram pursues on your behalf.

Please forward your membership dues and application form to:

Telephone Retirees Association of Manitoba
Suite 200 – 1 Wesley Avenue
Winnipeg, MB R3C 4C6

<http://www.traminfo.com>

