

## *Representing Retirees Since 1972*

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### **MEMBERSHIP APPLICATION TO JOIN "MARGE"**

**\*\*\*NOTE: All MARGE members must be receiving a pension. ALL applications must include WRITTEN PROOF you are receiving a pension.**

Given Names \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

City/Community \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

[ ] Yes I approve of receiving email communication from MARGE. (New federal requirement)

Date of Retirement/future date (day/month/year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Please check off which of the following applies to you (pension you receive/will receive):**  
(MARGE constitution re eligibility)

the Manitoba Civil Service Superannuation Fund

the Legislative Assembly Pension Plan

persons receiving a spousal pension from any plan noted herein

individuals who receive a deferred pension from any plan noted herein

Manitoba Government and General Employees' Union Staff covered by the Civil Service Superannuation Fund

Any Municipal employee who at the time of retirement belonged to a pension plan that was contributed to by their employer during the time of their employment

Any employee who at the time of retirement worked for an Agency, Board, Crown Corporation, Commission, or the Legislative Assembly of the Province of Manitoba

Any employee whose position was unionized under the MGEU and was directly or indirectly funded by government, and now has an employer/employee funded pension plan or RRSP Plan

Any person who worked in the Civil Service, for the Province of Manitoba.

**MEMBERSHIP APPLICATION TO JOIN MARGE (page 2)**

**Department/Organization you retired from**\_\_\_\_\_

Do you wish to participate in our MARGE Group Insurance Plan(s)? Yes [ ] No [ ]  
If yes, please contact our Health/Dental/Travel plans administrator, Johnson Inc.at 1-877-989-2600

**Membership Fee \$15/year, or part thereof.** Please send cheque or money order to MARGE (address on letterhead). You may also purchase your membership for 1, 2 or 3 years or more.(\$15/\$30/\$45/etc.).

**All applicants must sign and date this application:**

Signature\_\_\_\_\_Date\_\_\_\_\_

**REMEMBER TO ENCLOSE YOUR CHEQUE AND PROOF OF PENSION**

**Office Use only**

**Member Type:**

Regular: [ ] Associate\*: [ ] Municipal [ ] Name of Municipal employer\_\_\_\_\_

\*Associate member is a spouse of a deceased member who still receives CSSB pension, or Legislative Assembly pension.