

Superannuated Teachers' Subscription Form

I am ceasing to teach on _____, 20_____

There is no charge to superannuating teachers for this service

I wish to receive issues of the *Saskatchewan Bulletin* to be mailed to the following name and address:

Name: _____

Teaching Certificate Number (to verify identity): _____

Address (including Postal Code): _____

Telephone: _____

Signature: _____

Please mail this completed form to: *Saskatchewan Bulletin*
2317 Arlington Ave
Saskatoon SK S7J 2H8