

# Ceridian Retirees Club Membership Renewal Form

Please renew my Annual Retirees Club Membership for \_\_\_\_\_  
(Note: Partial years not available) (Year)

Name(s) \_\_\_\_\_

New address, phone or email?		
Street	_____	
City	State	Zip
_____	_____	_____
Phone	Email	
_____	_____	

**Renew:**

(check one and enclose check made out to Ceridian Retirees Club)

Retiree only	_____	\$10.00
Retiree & Spouse	_____	\$20.00
Spouse of deceased employee	_____	\$10.00

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Enclosed is my check for: \$ \_\_\_\_\_

CHECKS ONLY, please to:  
**Ceridian Retirees Club**  
**10800 Lyndale Ave. So. Ste. #112**  
**Bloomington, MN 55420**  
**Tel: 952-243-1850**