



Retired Women Teachers of Ontario/
Organisation des enseignantes retraitées de l'Ontario

MEMBERSHIP FORM

NEW ___ RETURNING ___ TRANSFER ___

BRANCH _____

PERSONAL INFORMATION (please print)

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Mobile: _____

E-mail: _____

Date of Birth: _____

(Optional - Goodwill purposes only) Month Day Year

Retirement Date: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____ Mobile: _____

Please complete the following with a CHECK MARK ✓

• I would like to receive my messages by: PHONE ___ EMAIL ___

• I give permission for my **Contact Information** to be included in the Branch Directory.
(if applicable) YES ___ NO ___

• I understand that I may appear in **photos/videos**, on the **RWTO/OERO** or **Branch website(s)**, in the **Branch or Provincial newsletter** or on **Social Media**.
(Example: Facebook, Instagram, etc.) YES ___ NO ___

SIGNATURE

DATE