

22 Borodino Court, Hamilton ON, L9B 2E8

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

MEMBERSHIP FORM

NEW	RETURNING	TRANSFER	ASSOCIATE	
BRANCH:	Hamilton-Wentworth	(Associate's Hom	e Branch)	
PERSONAL	_ INFORMATION (please prin	t)		
Name:				
Address:				
City:	Postal Code:			
Phone:	Mobile:			
Email:				
Date of Birt	h:			
(Optional - Good	dwill purposes only) Month	Day	Year	
Retirement l	Date:			
Food Allerg	ies:			
Emergency	Contact:			
Name:		Relationship:	Relationship:	
Phone:		Mobile:		
NOTES:				
 If you webs 	e without an email address wil u do not wish to appear in phot site(s), in the Branch or Provinc book and Instagram, please as	tos or videos on the R\ ial newsletter or on So	NTO/OERO or Branch cial Media such as	
	Signature		Date	
Please return your Membership Form and cheque to our Branch Membership Convenor: Karen Kasik		· RW	e cheques payable to: FO Hamilton-Wentworth bership fee: \$60	

Associate fee: \$20