



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

ST. CATHARINES BRANCH MEMBERSHIP FORM

Annual Dues are \$55.00, due before September 1. Please complete this form and return it along with your membership payment. You may pay your membership with a cheque, cash or an e-transfer.

- The email address for an **e-transfer** is rwto@catharines@gmail.com.
- **Cheques** are payable to RWTO St. Catharines and mailed to
Linda Foster 14 Woodgarden Crt. St. Catharines, ON L2M 7C9

Personal Information (please print)

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Mobile: _____

Circle the number you wish to include in the Directory

E-mail Address: _____

Birthday _____

Month

Day

Year

(Note: Goodwill purposes only)

Month and year of Retirement: _____

Educational Institution and Position: _____

Emergency contact: Name: _____ Relationship _____

Phone: _____ Mobile: _____

Please answer with a yes or a no

- I would like to receive my branch newsletter by email. _____ or mail _____
- Messages by phone _____ e-mail _____ no messages _____
- I give permission for my information to be included in the St Catharines Branch Directory that is distributed by hard copy to Branch Members only. _____

****If no, your name will not be included and you will not receive a directory.**

- I give my permission to 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.*) _____

Signature

Date