



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

BRANCH 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