



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

MEMBERSHIP FORM

Membership fee: \$60 Associate fee: \$10

NEW _____ RETURNING _____ TRANSFER _____ ASSOCIATE _____

BRANCH: **Hamilton-Wentworth** (Transfer/Associate's Home Branch) _____

INFORMATION (please print) Paid by: ___/___/___ cash ___/___/___ cheque ___/___/___ e-transfer
 '26 '27 '28 '26 '27 '28 '26 '27 '28

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Mobile: _____

Email: _____

Date of Birth: (for Goodwill purposes only) Month _____ Day _____ Year _____

Food Allergies: _____

Emergency Contact: Name: _____ Relationship: _____

Phone: _____ Mobile: _____

Your role(s) in education: _____

New Members: How did you learn about RWTO? _____

Notes:

- If you do not wish to appear in photos or videos on the RWTO/OERO or Branch websites, in the Branch or Provincial newsletters or on Social Media such as Facebook and Instagram, please ask the photographer not to take your photo, or step away.
- The membership year is Sept. 1st - Aug. 31st (New Members April 1st to Aug. 31st of the next year)
- If you change any information above, please contact us to update our information.

 Signature Date ('26-'27) Date ('27-'28) Date ('28-29)

<p>Please return your Membership Form and payment to our Branch Membership Convenor: Jennie Robson 9 Ormerod Close Dundas ON L9H 7N7 jennierobson4@icloud.com 905-515-3051</p>	<p>Make cheques payable to: RWTO Hamilton-Wentworth Email e-transfer to: rwtowhfun@gmail.com Name of org.: RWTO Hamilton-Wentworth Put your FULL NAME and MEMBERSHIP in the memo box Security question (if required): Name of organization? Answer: RWTOHW</p>
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