



**Retired Women Teachers of Ontario/
Organisation des Enseignantes Retraitées de l'Ontario**

Membership Application

Please Print

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone _____ Email _____

Regular Membership: ____ Interim Membership (LTD): ____ Associate Membership: ____

Branch (if applying for associate membership): _____

Privacy Form Completed: Yes: _____ No: _____

Receive the RWTO/OERO Provincial Newsletter "Connections" via Email: _____ or Mail: _____

Date of Birth (optional): _____ Retirement Date: _____

Annual Membership Fee for Full or Interim Membership is \$55.00. This covers \$40.00 Provincial and \$15.00 Branch Fees. Associate Membership is available for a \$15.00 Branch Fee. An Associate Member must already be a member of RWTO.

Send your completed application with your cheque payable to RWTO Mississauga Branch to either

**Pat Koelle (Treasurer)
2856 Folkway Drive
Mississauga, ON L5L 2G7**

**Marie Solarski (Membership)
1074 Runningbrook Dr.
Mississauga, ON L4Y 2T2**

- I give permission for my picture to be published in our local or provincial newsletter/website _____
- I give permission for my name, address, phone number and e-mail to be published in the Mississauga Branch Directory that is distributed to Branch members only. _____

Signature: _____ Date: _____

Personal information gathered will be used only to administer your membership and the insurance programs, if applicable. It will not be made available to any other organization.