

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

Mississauga Branch 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: _____

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

Annual Membership Fee for Full or Interim Membership is \$60.00. This covers the \$40.00 Provincial and \$20.00 Branch Fees. Associate Membership is available for a \$20.00 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

Margo Bennett (Treasurer)
3159 Patrick Crescent
Mississauga, ON L5N 3G4

- I wish to receive the Provincial Newsletter "**Connections**" by Email: Yes/No _____
- I give permission for my picture to be published in our local or provincial newsletter and website: Yes/No _____
- 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: Yes/No _____

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.