

**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 \$65.00. This covers the \$50.00 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

**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.**