



THE RETIRED TEACHERS OF ONTARIO
LES ENSEIGNANTES ET ENSEIGNANTS
RETRAITÉS DE L'ONTARIO

**PLEASE COMPLETE THIS FORM
BY CHOOSING YOUR DISTRICT
ON THE REVERSE SIDE AND
SIGNING THE FORM >>>>>**

18 Spadina Road, Suite 300, Toronto ON M5R 2S7

APPLICATION FOR MEMBERSHIP IN RTO/ERO

GENDER M F **MARITAL STATUS** Married Partnered Single Widow(er)

LAST NAME **FIRST NAME**

ADDRESS - STREET/BOX/R.R. **APT. NO.**

CITY **PROVINCE** **POSTAL CODE**

TELEPHONE - - **E-MAIL**

DATE OF BIRTH DAY MONTH YEAR **SOCIAL INSURANCE NUMBER** **DATE OF RETIREMENT** DAY MONTH YEAR **ONT. TEACHERS' PENSION START DATE** DAY MONTH YEAR

Please indicate your status by checking the appropriate box:

- A retired teacher/educator Other retired school board employee
 The widowed spouse/partner of a retired teacher The widowed spouse/partner of other retired school board employee
 Other (specify)

Took a Commuted Pension **Deferred Pension** **If yes, please provide the start date**

Not in receipt of an Ontario Teachers' Pension **PENSION START DATE**
DAY MONTH YEAR

Member of: AEFO ETFO OECTA OSSTF OPC CPCO OPSOA OCSOA
 EDUCATIONAL SUPPORT STAFF

IF OTHER, Please specify

My spouse/partner is an RTO/ERO member

- Yes** **If yes, please provide membership #**
 No **If no, please provide the following for future reference:**
LAST NAME
FIRST NAME
SOCIAL INSURANCE NUMBER

Please indicate how you heard about RTO/ERO:

- From a retired colleague Advertising in my Affiliate/Association magazine
 Attended an RTO/ERO Retirement Planning Workshop Advertising in "Professionally Speaking" magazine
 From the Ontario Teachers' Pension Plan From the RTO/ERO magazine *Renaissance*
 From my Affiliate/Association Other (specify)

**PLEASE COMPLETE AND SIGN THE
OTHER SIDE OF THIS FORM >>>>>**



RTO/ERO is organized into 45 Districts across Ontario and two Districts in British Columbia, the names of which are indicated in bold below. These Districts are based on geography, NOT on District School Boards. Members may participate in a District other than where they taught, but may join only one District. Some Districts, as indicated below, are divided into units.

Check ONLY ONE of the following Districts or individual Units within a District, to which you wish to belong:

- 1. **Rainy River**
 Rainy River
 Atikokan
- 2. **Thunder Bay**
- 3. **Algoma**
- 4. **Sudbury/Manitoulin**
 Sudbury
 Manitoulin/North Shore
- 5. **Cochrane, Timiskaming**
 Cochrane
 Timiskaming
- 6. **Parry Sound**
 Parry Sound East
 Parry Sound West
- 7. **Windsor-Essex**
- 8. **London, Middlesex**
- 9. **Huron, Perth**
- 10. **Bruce, Grey, Dufferin**
 Bruce
 Grey
 Dufferin
- 11. **Waterloo**
- 12. **Norfolk**
- 13. **Hamilton-Wentworth, Halidmand**
 Hamilton-Wentworth
 Halidmand
- 14. **Niagara**
- 15. **Halton**
- 16. **City of Toronto**
 (see also 22, 23, 24)
- 17. **Simcoe**
 Barrie, Central Simcoe
 Orillia, North Simcoe
 Alliston, South Simcoe
 Collingwood, West Simcoe
- 18. **Haliburton, Kawartha Lakes**
 Haliburton
 Kawartha Lakes
- 19. **Hastings and Prince Edward**
- 20. **Lennox, Addington, Frontenac, Leeds, Grenville**
 Lennox, Addington
 Frontenac
 Leeds, Grenville
- 21. **Renfrew**
 Renfrew – North
 Renfrew – South
- 22. **Etobicoke and York**
 (see also 16, 23, 24)
- 23. **North York**
 (see also 16, 22, 24)
- 24. **Scarborough and East York** (see also 16, 22, 23)
- 25. **Stormont, Dundas, Glengarry**
- 26. **Kenora**
- 27. **Ottawa-Carleton**
- 28. **Region of Durham**
- 29. **Lanark**
- 30. **Northumberland**
- 31. **Wellington**
- 32. **Prescott-Russell**
 (see also 45)
- 33. **Chatham-Kent**
- 34. **York Region**
- 35. **Dryden**
 Dryden
 Red Lake
- 36. **Peterborough**
- 37. **Oxford**
- 38. **Lambton**
- 39. **Peel**
- 40. **Brant**
- 41. **Elgin**
- 42. **Vancouver Mainland**
 BC Mainland/Sunshine Coast
 BC Interior
- 43. **Nipissing**
 (see also 44)
- 44. **Région du ciel bleu**
 (Francophone District for #43 Nipissing)
- 45. **EstaRiO** (Francophone District for #32 Prescott-Russell)
- 46. **Muskoka**
- 47. **Vancouver Island**
 Victoria
 Mid/Upper Island

1. I hereby apply for membership in RTO/ERO.
2. I consent to the collection, use and disclosure of any information required to administer my membership in RTO/ERO including personal information such as my Social Insurance Number.
3. If receiving a pension from the Ontario Teachers' Pension Plan (OTPP), I direct the OTPP to deduct membership fees from my pension and remit the fees to RTO/ERO.

DAY	MONTH	YEAR

DATE OF SIGNATURE

SIGNATURE

A prepaid return envelope is enclosed.

This application is available on our web site at: www.rto-ero.org