



MEMBERSHIP APPLICATION

THIS FORM IS FOR MEMBERSHIP ONLY. SEE SEPARATE APPLICATION FOR INSURANCE.

Personal Information

Asterisk () denotes a **mandatory** field.*

First name (as it appears on your Provincial Health Card): *			Last name (as it appears on your Provincial Health Card): *								
Address – Street/Box/R.R.: *											
City: *		Province: *		Postal code: *							
Home phone:			Mobile phone:								
Email:											
Date of birth: *			Exact or estimated date of retirement: *								
DD		MM		YYYY		DD		MM		YYYY	
Social Insurance Number (if authorizing annual membership fee deduction from the Ontario Teachers' Pension Plan (OTPP):											

Employment Status

For anyone who has **worked in education** in: schools and school boards; colleges and universities; the Early Years; Associations; and the Public Service

- I am still working in a career in education and am **NOT** retiring within the next 12 months
- I have at least 5 years' experience in education and am retired or expect to retire within the next 12 months (select only one):
- Teacher, Vice-Principal, Principal, Superintendent, Director
 - First Nations Educator, with teaching qualifications from an accredited Canadian university or college, or certification from the Ontario College of Teachers
 - ECE/Child Care Worker
 - College or University Faculty
 - Association or Public Service
 - Administrative, Support, Custodial and other staff from a school, school board, university or college
- Spouse of an RTO/ERO member, including surviving spouse and separated/divorced spouse

Group Insurance Program *

- I have submitted my separate application for the RTO/ERO Group Insurance Program:
- Enclosed Online – Date applied
- | | | |
|----|----|------|
| DD | MM | YYYY |
|----|----|------|
- I am not applying for insurance at this time.

OTPP Pension Information/Status *

- I am receiving or will eventually receive my own pension from OTPP.
- I am receiving a surviving spouse pension from OTPP.
- I am not receiving a pension from OTPP.

Please scan and send to membership@rto-ero.org, or fax to 416-962-1061.

Check only one of the following RTO/ERO Districts to which you wish to belong.

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Algoma | <input type="checkbox"/> Halton | <input type="checkbox"/> Oxford | Simcoe | <input type="checkbox"/> Windsor-Essex |
| <input type="checkbox"/> Brant | <input type="checkbox"/> Hamilton-Wentworth & Haldimand | Parry Sound | <input type="checkbox"/> Collingwood, West Simcoe | <input type="checkbox"/> York Region |
| Bruce, Grey, Dufferin | <input type="checkbox"/> Hastings & Prince Edward | <input type="checkbox"/> Parry Sound East | <input type="checkbox"/> Stormont, Dundas, Glengarry | Francophone Districts |
| <input type="checkbox"/> Bruce, Grey | <input type="checkbox"/> Huron, Perth | <input type="checkbox"/> Parry Sound West | <input type="checkbox"/> Sudbury/Manitoulin | <input type="checkbox"/> EstaRIO (Prescott-Russell) |
| <input type="checkbox"/> Dufferin | <input type="checkbox"/> Kenora | <input type="checkbox"/> Peel | <input type="checkbox"/> Sudbury | <input type="checkbox"/> Région du ciel bleu (Nipissing) |
| <input type="checkbox"/> Chatham-Kent | <input type="checkbox"/> Lambton | <input type="checkbox"/> Peterborough | <input type="checkbox"/> Manitoulin/North Shore | British Columbia |
| <input type="checkbox"/> Cochrane & Temiskaming | <input type="checkbox"/> Lanark | <input type="checkbox"/> Prescott-Russell | <input type="checkbox"/> Thunder Bay | Mainland British Columbia |
| Dryden & Red Lake | <input type="checkbox"/> Leeds and Grenville | Rainy River & Atikokan | Toronto | <input type="checkbox"/> Lower Mainland/Sunshine Coast |
| <input type="checkbox"/> Dryden | <input type="checkbox"/> London-Middlesex | <input type="checkbox"/> Rainy River | <input type="checkbox"/> City of Toronto | <input type="checkbox"/> Interior Vancouver Island |
| <input type="checkbox"/> Red Lake | <input type="checkbox"/> Muskoka | <input type="checkbox"/> Atikokan | <input type="checkbox"/> Etobicoke and York | <input type="checkbox"/> Scarborough & East York |
| <input type="checkbox"/> Durham Region | <input type="checkbox"/> Niagara | Renfrew | <input type="checkbox"/> North York | Vancouver Island |
| <input type="checkbox"/> Elgin | <input type="checkbox"/> Nipissing | <input type="checkbox"/> Renfrew North | <input type="checkbox"/> Scarborough & East York | <input type="checkbox"/> Victoria |
| <input type="checkbox"/> Frontenac, Lennox & Addington | <input type="checkbox"/> Norfolk | <input type="checkbox"/> Renfrew South | <input type="checkbox"/> Waterloo | <input type="checkbox"/> Mid/Upper Island |
| Haliburton & Kawartha Lakes | <input type="checkbox"/> Northumberland | Simcoe | <input type="checkbox"/> Wellington | <input type="checkbox"/> I do not wish to belong to a District. |
| <input type="checkbox"/> Haliburton | <input type="checkbox"/> Ottawa-Carleton | <input type="checkbox"/> Barrie, Central | | |
| <input type="checkbox"/> Kawartha Lakes | | Simcoe | | |
| | | <input type="checkbox"/> Orillia, North Simcoe | | |
| | | <input type="checkbox"/> Alliston, South | | |

Payment Information

- Your fee is **waived until December 31 of this year.**
 - Members in receipt of a pension from the OTPP pay \$1.25 per \$1,000 of gross pension received which will be deducted from your January pension cheque and remitted to RTO/ERO.
 - All other retired members pay the average paid by those receiving a pension from OTPP. Currently, that amount is \$57.00 per year.
 - Actively employed pay \$32.00 per year.

1. I hereby apply for membership in RTO/ERO.
2. I consent to the collection, use and disclosure of any personal information required to administer my membership in RTO/ERO.
3. I hereby certify that I have completed this application so that all statements made herein are true and correct in all respects and may be relied upon by RTO/ERO without further inquiry.
4. I expressly consent to the receipt of electronic messages from RTO/ERO as a form of communication, effective upon RTO/ERO's acceptance of my membership application.
5. If I've supplied my Social Insurance Number on page 1 to authorize deductions from OTPP, then I direct OTPP to deduct my membership fees from my January pension and remit to RTO/ERO.

Signature: *

Date: * | | | |
DD MM YYYY



300 – 18 Spadina Road, Toronto ON M5R 2S7
 416-962-9463 (Toronto area) • 1-800-361-9888 (Toll free)
 Fax 416-962-1061

www.rto-ero.org | membership@rto-ero.org

Twitter: @rto_ero

Facebook: www.facebook.com/rto.ero