

Membership / Authorization Form

Member Information [please complete, to be shared with Branch Presidents]:

Name: _____ Retirement Date: _____

Professional #: _____ Date of Birth: _____

Address: _____

Town/City: _____ Postal Code: _____

Phone (h): _____ Phone Cell: _____

Email: _____

The Retired Teachers Organization (RTO) is committed to respecting privacy and protecting personal information. All personal information collected is managed and maintained according to the principles outlined in the RTO Privacy Principles.

Payment:

I hereby authorize the monthly approved RTO membership fee deduction from the Nova Scotia Teachers Pension (presently \$4/month). I can stop this deduction at any time by returning my card to the RTO.

*A temporary card may be issued with the permanent card to follow.

Authorization Given:

Signature

Date

Please check the RTO Branch to which you wish to belong:

Annapolis
Antigonish/Guysborough
AER-Baie Sainte-Marie (Clare)
Colchester-East Hants
Cumberland
Dartmouth
Digby
Glace Bay District
Halifax CPX
Halifax City
Halifax County
Inverness

Kings
Lunenburg County
New Waterford
Northside –Victoria
Pictou
Queens
Richmond
Shelburne County
Sydney & Area District
West Hants
Yarmouth/Argyle
Out-of-Province

Please check our website at rtonstu.ca for additional information or call 1-800-565-6788 or 477-5621 in the Metro area and speak with the RTO Admin. Assistant.

Please return this form to: RTO Admin. Assistant
NSTU
3106 Joseph Howe Dr Halifax, NS
B3L 4L7

Revised August 31, 2026