



Newfoundland and Labrador Retired Teachers' Foundation Book of Remembrance Form

Member's Name: _____
(include middle name if applicable) (include maiden name if applicable)

Date of Birth: _____ Place of Birth: _____

Date and Place of Death: _____

Education: _____

Years Teaching: _____ Date of Retirement: _____

Places Taught: _____

Involvement in RTANL, RTF, NLTA: _____

Other Pertinent Information: _____

Please enclose a photo, if possible. ☐ YES, photo enclosed. ☐ NO, I do not have a photo.

Please send completed form to:
Chair, Retired Teachers' Foundation
3 Kenmount Road, St. John's, NL A1B 1W1