

IRRA MEMBERSHIP FORM

Fee \$10 per household. Go to www.irra.ca for more information.

Name _____ Tel _____

Address _____

Email (*won't be shared*) _____ I consent to IRRA correspondence by email _____

Amount Enclosed \$ _____ Date _____ Signature _____

I am interested in being involved with IRRA on the Board or a Committee _____

*Please mail form and fee to IRRA, P.O. Box 3, Station D, Toronto, ON M9C 1C0, or deliver to
Membership Secretary at 153 Royalavon Crescent, Thank you!*