

# IRRA MEMBERSHIP FORM

Fee \$10 per household. Go to [www.irra.ca](http://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*

*Drop off at : 153 Royalavon Cres, Toronto M9A 2G5      Thank you!*