

RETIRES ASSOCIATION OF LAKEHEAD
Membership Form

First Name _____

Surname _____

Email address _____

Postal address _____

Postal Code _____ Tel # _____

Former Department or Office at LU, if applicable

Membership is \$10 annually or \$30 per individual per three years, with equal status of membership for retirees, spouses and partners. Annual membership is from Sept 1st to Aug 31st. You are encouraged to support the association by joining us, even if you live far from Thunder Bay. Complete the membership form and return with a money order or cheque made out to the Retirees Association of Lakehead University to Bonny Wigmore, RALU Treasurer, 102 Ibbetson St., Thunder Bay, Ontario, P7A 7J9. Further enquiries ralu.communications01@gmail.com

Applying for (circle one) 1 year membership 3 year membership

Please complete a separate form for a spouse or partner.

Thank you for joining us.

Office use only

Paid _____ as Cash _____ or Cheque _____

Date dd/mm/yy. ____/____/____