

RETIREES ASSOCIATION OF LAKEHEAD UNIVERSITY
Membership Form

(For Members not using the LU Retirees Authorization 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 RALU, ' % @cnX`GhfYYhř`Thunder Bay, ON P7?`%6*
Further enquiries ralu.communications01@gmail.com

Applying for (c\YW 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 Cash or Cheque
8UH dd/mm/yy .. ____/____/____