|  |  |
| --- | --- |
|  | ArecaLogoOffice.png |
|  |  |  |
|  | **ARECA MEMBERSHIP 2025** |
|  | *Please print:* |  |
|  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **EMAIL LIST** |
|  | Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Yes, add me to the list. |
|  | Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |
|  | Household: $20.00 |  |
|  | Senior: $10.00 |  |
|  | Donation $ \_\_\_\_\_\_\_\_ |  |
|  | **Total: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  |  |  |
|  | Method of Payment: Cheque Cash |  |

Please return this form with payment to:
ARECA, c/o 23 Elwood Blvd., Toronto, ON M4R 1B8