

MEMBERSHIP FORM

Individual memberFamily member\$5.00\$7.50 *

Associated member (without voting right) (free) \$5.00

PERSONAL INFORMATION

FIRST NAME			
LAST NAME			
Address			
СІТҮ			
POSTAL CODE			
PHONE NUMBER			
AT HOME PHONE NUMBER			
AT WORK			
E-MAIL			
			Payment
SIGNATURE	Χ		Cash
DATE			Cheque
Mandal van lika ta	manaina anno manainationa franc		
Rafale FM?	receive communications from	Yes	No
f yes, would you like to receive them by:			
		Mail	E-mail
Would you be interested in volunteering?		Yes	No
Would you be interested in creating your own show? If yes, please download, complete and Yesend the form to the address indicated.		Yes	No

^{*} Only one family member may exercise the right to vote.