



ILRC Membership Application

First Name: _____

Last Name: _____

Date: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

E-mail: _____

Would you like to receive ILRC's quarterly newsletter "Options?"

By mail

By e-mail

No

Would you like to be e-mailed about ILRC workshops and events or other information related to the ILRC?

Yes

No

PayPal confirmation number: _____

Shaded area office use only

Accepted By: _____

Date received: _____

Database entry by: _____

Money received by: _____

TL receipt initials