



An Association of Retired Educators

MEMBER REGISTRATION FORM 2020-2021

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Home Phone Number: _____

Cell Phone Number: _____ Fax number: _____

E-mail Address: _____

Spouse's Full Name (including Maiden): _____

Retirement Year: _____ May we include you in our directory? _____

My information has not changed and remains the same as the present directory.
(Complete only your name.)

Please make your **\$60.00** cheque payable to **ACRA** and return it with this form to:

Tony Di Lallo
44 rue Alsace
Candiac, Qc.
J5R 5R7

NO LATER THAN **October 23, 2020**

I wish to apply for Associate Membership for my spouse/partner and **have included a cheque for her/his dues (\$60).**

Spouse's/Partner's Information for the Directory:
Full Name: _____
Cell #: _____
E-mail: _____

 We want a 2nd directory.
 We do **NOT** need a 2nd directory.

(FOR NEW MEMBERS ONLY) I qualify as an ACRA member according to one of the following criteria:

- I am a retired **school/board administrator** from the _____ school board/private school from the years _____ to _____ ;
- I am a retired **non-teaching professional** from the _____ school Board/private school from the years _____ to _____
- I am retired and performed the same duties/functions as an administrator from the _____ school board from the years _____ to _____ but did not receive an official appointment as such;
- I am retired and held an executive position in the _____ teacher's union from the years _____ to _____.

The directory will be available electronically on the ACRA website. It will be password-protected so that it can be accessed only by members. (The password will be emailed to all members). If you intend to access the information on-line and do not want an actual hardcopy directory, please check and initial the bottom statement. If left blank, you will receive the directory by regular mail.

I DO NOT want a directory mailed to me. (Initial): _____