



LEASIDE RESIDENTS ASSOCIATION

Annual Membership Form

Please mail this completed form with a cheque (payable to "Leaside Residents Association") to:

Leaside Residents Association
1601 Bayview Avenue
PO Box 43582
Toronto ON M4G 3B0

Name: _____

Address: _____

Municipality: _____ Postal Code: _____

Membership Fee (\$30 per individual): _____

Donation (optional): _____

Total Amount enclosed: _____

Date: _____

If you would like to receive the LRA updates, please provide your email address:

Email: _____