



L'ARSE MEMBERSHIP FORM

Date: _____

Regular Member

L'ARSE (*L'Association of Retired School Employees*) is open to any retiree from any educational institution and the spouse/partner of the retiree.

Name of Retiree _____ Retired from _____

(location)

E-mail address _____ Phone # _____

Street address _____

Town _____ Postal Code _____

If you wish to include your spouse/partner in your membership, please enter here:

Spouse/Partner name: _____ e-mail: _____

Associate Member

L'ARSE is also open to people who wish to participate in any L'ARSE-sponsored activity.

Name _____ e-mail: _____

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L'ARSE annual dues are \$10 per calendar year. (*Members over 80 are exempt from dues.*)

You may pay by **Interac e-transfer** to: larse.membership@gmail.com

OR please mail a **cheque payable to L'ARSE** to our Membership Chair:

Diane Prudhomme, 167 Ave Douglas-Shand, Pointe Claire, QC H9R 2E2