An Association of Retired Educators

Membership Registration Form 2026 - 2027

If your information has not changed and remains the same as the present Directory, ***Complete only your name.***

Name: _____

Address _____

City _____ Province _____

Postal Code: _____ Home Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

Spouses's Full Name (Including Maiden): _____

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

Please pay by E-transfer to ***acrabob2025@gmail.com*** or make your $60 cheque payable to ACRA and return it with this form to

Robert Forget
13850 1 iere Rue
Montreal, QC H1A 2J5

No Later than **October 30 , 2026**

FOR NEW MEMBERS ONLY Complete the registration form and mail it to
Robert Forget 13850 1 iere Rue Montreal QC H1A 2j5

I wish to apply for Associate Membership for my spouse/partner and have included a cheque ($60) or sent an E-transfer to acrabob2025@gmail.com
Name:

E-mail: _____ TEL : _____

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 e-mailed to all members. If you intend to access the information on-line and do not want an actual hardcopydirectory, 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) : _____