



Association of Retired Academics
of Laurentian University

Membership Application

I hereby apply for and accept Membership in the Association of Retired Academics of Laurentian University (ARALU) and agree to abide by its Constitution.

PERSONAL INFORMATION

Full Name : _____

Signature : _____ Date: _____

Department/School : _____

Laurentian Email: _____

Return to: ARALU/AURUL c/o LUFA/APPUL or
Mailbox 21 Rm. L-628 935 Ramsey Lake Rd. Sudbury, ON P3E 2C6

Those wishing to make a \$10 contribution please send the funds by cheque to the above address or by e-transfer to the following email: aralu@laurentian.ca

ARALU MEMBER INFORMATION

Name : _____

Address : _____

Home Phone : _____

Cell Phone: _____

Personal Email : _____