

Membership Application Form 2012 / 2013 Season

A) Choose the location



Members must choose only ONE location where they will attend screenings and receptions, either in Toronto or in Vaughan. This does not apply to all the other events organized by L'Altra Italia including "Cinema under the stars".

B) Contact Information:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Home: _____ Cell: _____

Email Address: (write in CAPITAL letters) _____

C) Membership Information:

Membership Type: Renewal New Member

 Individual Member (1 year - \$ 180)

 Student Member (1 year - \$ 40)

D) Payment Information:

 Cash

 Cheque: # _____

 Credit card

(Please make cheques payable to **L'Altra Italia Cultural Association**)

Date

Signature of Applicant

Sining this form you agree to receive information and news letters by L'Altra Italia associacion and Icff, Italian Contemporary Film Festival

To mail to: 

L'Altra Italia Cultural Association - 1293 St. Clair Avenue West - Toronto M6E 1B8