

A) CONTACT INFORMATION

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Home: _____ Cell: _____

Email Address: (write in CAPITAL letters) _____

B) MEMBERSHIP INFORMATION

☐

Renewal

☐

New Member

	MEMBERSHIP	SCREENING	RECEPTION	GUEST PASSES	PRICE
	TORONTO or VAUGHAN				
☐	SINGLE				\$180+hst
☐	FAMILY CARD (2 people)				\$170+hst (each)
	TORONTO + VAUGHAN				
☐	SINGLE				\$200+hst
☐	BASIC CARD				\$120+hst
☐	STUDENT Required student Photo ID				\$40+hst
☐	IIC STUDENT Italian Institute of Culture				free

C) 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