

Membership Registration Form

(Please print all information legibly)

Name: _____

Apt #: _____ Building: 185 195 200


Phone #: _____

Email: _____

Registered by: _____

Registration date (yyyy-mm-dd): _____ - _____ - _____

Membership Card

<p>www.facebook.com/ groups/iptra.org</p> <p>www.iptra.org</p> <p>2211-195 Clearview Ave. K1Z-6S1</p>	<p><i>Island Park Towers Residents' Association</i></p> <p><i>A social events organization for residents of 185/195/200 Clearview Ave</i></p> 
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