



TRIUMF Alumni and Retirees Association

TARA

Membership Application Form

RWM2014

All sections marked with a * must be completed before submitting the form.

Title *

Last Name * First Name(s) * Middle Initials *

Last Name whilst at TRIUMF if different from above

Address * City *

Province/State * Country * Postal/Zip Code *

Phone Number *

Area Code	Number
<input type="text"/>	<input type="text"/>

 Email (home) *

Cell Phone Number Fax Number

Employer (if TRIUMF, indicate which site) *

Primary Group you belonged to at TRIUMF *

First year at TRIUMF * Last year at TRIUMF *

Would you like your information made available to other TARA members via the secure association website?
If so, please circle the appropriate items below:-

- Name
- Address
- Phone #
- Email
- None of the above

Personal Information Protection and Electronics Documentation Act (PIPEDA) 2000

All information included on this form will be added to TARA's Database and will be used for TARA purposes only. These purposes may include: sending out TARA publications, with information regarding benefits and services available, events and reunions, support programmes, projects and volunteer opportunities. You have the right to object to the use of your data for any of the purposes listed above.

I agree to my data being held for the above purposes *

I do not wish my data to be used for any of the above purposes *

Please tick the appropriate box.

Are you interested in helping run TARA and/or helping with TARA events

Would you like to volunteer for TRIUMF activities, e.g. tour guide, events, etc:

Please mail this form to:-
TARA Membership Secretary
TRIUMF
4004 Wesbrook Mall.
Vancouver. B.C.
V6T 2A3
CANADA

Date *

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature * _____