

## **Leaside Property Owners' Association Membership/Donation**

**Please fill in using the fillable PDF or print clearly!**

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_

Email: \_\_\_\_\_

New Member: \_\_\_\_\_ (\$25)

Renew Membership: \_\_\_\_\_ (\$25)

Update personal information: \_\_\_\_\_

Date: \_\_\_\_\_

Accept my donation for: \_\_\_\_\_

I am interested in becoming an LPOA director – please call me with more information: \_\_\_\_\_

**Mail completed form and payment to:**

Leaside Property Owners' Association,  
1601 Bayview Avenue  
PO Box 43582  
Toronto, ON M4G 3B0