



MEMBERSHIP FORM  
(TACIRA membership is \$10.00.)

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

School address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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

Please make \$10.00 checks payable to: **TACIRA**

Mail to:

Rebecca McLean  
4303 Brittany Rd.  
Toledo, Ohio 43615