

Membership Application

(Please complete with initial membership and at your annual renewal date)

Date: _____

Dr. Mr. Ms. Mrs. Name: _____

Name You Wish To Be Called: _____

Street Address: _____

City: _____ Zip Code: _____

Phone: (home) _____ (cell) _____ (other) _____

Email: ** _____ Birth Date: (MM/DD) _____

****Email address will be used instead of postal mail if provided.**

Periodically a membership directory will be published for internal use by the membership.
Please indicate here if you DO NOT want your address and phone number listed in the directory.

Referral Information

How did you learn about the Lifelong Learning Institute? : _____

Referring Member: Name _____ Member ID # _____

General Information

Would you consider teaching a class? Yes No or Coordinating an activity? Yes No
In what subject area? _____

Do you have any special needs? : _____

Emergency Information

Contact Name: _____

Relationship: _____ Phone: _____

Physician Name: _____ Phone: _____

Allergies/Important Medical Information: _____

Are you a Current Member? Yes No

New Member or Annual Renewal (include \$150 Membership Fee) \$ _____

Additional (Tax Deductible) Contribution to Lifelong Learning Institute..... \$ _____

Total Amount..... \$ _____

Please make check payable to: Lifelong Learning Institute

Mail this form and payment to: Lifelong Learning Institute

P. O. Box 1090

Midlothian, VA 23113

Gift Certificates are available by contacting the office.

Questions? Call the Office at 378-2527.

For Office Use:

Check Number _____

Date Received _____

Member Number _____