

For office use only
 DB _____
 NT _____
 EM _____

Membership Application

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/YY) _____

(Year optional – For grant purposes)

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

- Periodically a phone number/address is requested for internal use by the membership.
 Please indicate here if you DO NOT want your address and /or phone number released.

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: _____

*Photos may be used by LLI for publicity purposes.

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 _____