

For office use only
DB _____
MD _____
MC _____
QB _____

## Membership Application

### *New Members or Members with Updates*

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) \_\_\_\_\_

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

Phone numbers, addresses, and birthdays (day and month only) are printed in our Membership Directory. Please check this box if you DO NOT want to be listed in the Membership 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

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.**

<b>For Office Use:</b>
<b>Check Number</b> _____
<b>Date Received</b> _____
<b>Member Number</b> _____