

**Mailing Address:**

2240 Lakeshore Dr.  
New Orleans, LA 70122  
504 284 7678

**PEOPLE PROGRAM FALL 2010 Campus(es):**

Lakeshore \_\_\_\_\_  
Metairie \_\_\_\_\_  
West Bank \_\_\_\_\_

**MEMBERSHIP FORM**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Phone (area code) (\_\_\_\_) \_\_\_\_\_ Cell phone (area code) (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

**Demographics**

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

**Social definitions requested by grantors.**

Male \_\_\_\_\_ African-American \_\_\_\_\_  
Female \_\_\_\_\_ Asian \_\_\_\_\_  
Single \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_  
Married \_\_\_\_\_ Native American \_\_\_\_\_  
Divorced \_\_\_\_\_ White \_\_\_\_\_  
Widowed \_\_\_\_\_ Other \_\_\_\_\_  
Retired from \_\_\_\_\_  
Spouse's name \_\_\_\_\_  
Retired from \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone (area code) (\_\_\_\_) \_\_\_\_\_  
Cell (area code) (\_\_\_\_) \_\_\_\_\_

I heard about People Program from: \_\_\_\_\_

I could teach: \_\_\_\_\_

Additional courses I'd like to have offered: \_\_\_\_\_

May we list your contact information (phone & address) in our membership directory? Yes \_\_\_ No \_\_\_

**Hurricane Evacuation Plan:**

\*Do you have a plan? Yes \_\_\_ No \_\_\_ \*Do you need assistance? Yes \_\_\_ No \_\_\_

\*Do you have an out of town emergency contact person who would know where you are? Yes \_\_\_ No \_\_\_

\*If so, provide name/address: \_\_\_\_\_

Phone (A/C) (\_\_\_\_) \_\_\_\_\_

**Registration Fee:** \$150.00 Paid: Check # \_\_\_\_\_ Cash: \_\_\_\_\_ Receipt: Y N

Extra Class Fees: \_\_\_\_\_ (Amount/class) \_\_\_\_\_

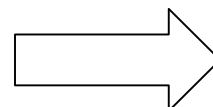
Total: \_\_\_\_\_ Date entered \_\_\_\_\_ Member Status: \_\_\_New \_\_\_Renewal

**REGISTER FOR CLASSES ON THE REVERSE SIDE OF THIS FORM**

**DATE:** \_\_\_\_\_

**FALL 2010**

**NO.** \_\_\_\_\_



**PEOPLE PROGRAM, FALL 2010**

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

*Once you have selected your classes, carefully register each below. Please be sure to record on the correct day of the week, and include the class number, name, and time it meets to insure that you are registered for the intended class on the correct day. You must complete the reverse side of this form in order to register.*

**REFUND POLICY: In an effort to be fair to all, People Program will refund registration/class fees according to the following calendar:**

**100%--Prior to the beginning of classes**

**75%--During the first week of classes**

**50%--During the second and third week of classes**

**Subsequently, registration/class fees will be credited to the following semester or forfeited. There will be a \$10.00 processing fee charged for all refunds.**

**MONDAY**

Class # M _____	Class Name: _____	Time: _____	Fee: _____
Class # M _____	Class Name: _____	Time: _____	Fee: _____
Class # M _____	Class Name: _____	Time: _____	Fee: _____
Class # M _____	Class Name: _____	Time: _____	Fee: _____

**TUESDAY**

Class # T _____	Class Name: _____	Time: _____	Fee: _____
Class # T _____	Class Name: _____	Time: _____	Fee: _____
Class # T _____	Class Name: _____	Time: _____	Fee: _____
Class # T _____	Class Name: _____	Time: _____	Fee: _____

**WEDNESDAY**

Class # W _____	Class Name: _____	Time: _____	Fee: _____
Class # W _____	Class Name: _____	Time: _____	Fee: _____
Class # W _____	Class Name: _____	Time: _____	Fee: _____
Class # W _____	Class Name: _____	Time: _____	Fee: _____

**THURSDAY**

Class # TH _____	Class Name: _____	Time: _____	Fee: _____
Class # TH _____	Class Name: _____	Time: _____	Fee: _____
Class # TH _____	Class Name: _____	Time: _____	Fee: _____
Class # TH _____	Class Name: _____	Time: _____	Fee: _____

**FRIDAY**

Class # F _____	Class Name: _____	Time: _____	Fee: _____
Class # F _____	Class Name: _____	Time: _____	Fee: _____

**REMEMBER TO COMPLETE REQUIRED INFO ON REVERSE SIDE**

