

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

PEOPLE PROGRAM SPRING 2012

MEMBERSHIP FORM

Campus(es):
Lakeshore _____
Metairie _____
West Bank _____

Name _____

Mailing Address _____

City _____ State _____ Zip + 4: _____

Phone (area code) (____) _____ Cell phone (area code) (____) _____

E-mail address _____

* Returning Students need not complete remainder of page unless changes are required.

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 ___

Have you signed the insurance waiver? _____

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: _____

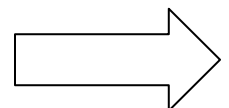
Phone (A/C) (____) _____

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: _____

SPRING 2012



NO. _____

PEOPLE PROGRAM, SPRING 2012

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

