

Mailing Address:

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

PEOPLE PROGRAM SPRING 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) _____

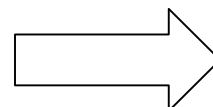
Total: _____ Date entered _____ Member Status: ___New ___Renewal

REGISTER FOR CLASSES ON THE REVERSE SIDE OF THIS FORM

DATE: _____

SPRING 2010

NO. _____



PEOPLE PROGRAM, SPRING 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.

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

