

Mailing Address:

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

PEOPLE PROGRAM SUMMER 2010

MEMBERSHIP FORM

Wednesdays
June 16-July 21

Name _____

Mailing Address _____

City _____ State _____ Zip + 4: _____

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

E-mail address _____

Demographics

Emergency Contact:

Birth date ____ / ____ / ____

(Month) (Day) (Year)

Name _____

Social definitions requested by grantors.

Relationship _____

Male _____ African-American _____

Phone (area code) (____) _____

Female _____ Asian _____

Cell (area code) (____) _____

Single _____ Hispanic/Latino _____

Married _____ Native American _____

Divorced _____ White _____

Widowed _____ Other _____

Retired from _____

Spouse's name _____

Retired from _____

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 ___

CLASS # _____ CLASS NAME _____ TIME _____ FEE? _____

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CLASS # _____ CLASS NAME _____ TIME _____ FEE? _____

CLASS # _____ CLASS NAME _____ TIME _____ FEE? _____

Registration Fee: \$30.00/50.00 Paid: Check # _____ Cash: _____ Receipt: Y N

Extra Class Fees: _____ (Amount/class) _____

Total: _____ Date entered _____ Member Status: ___New ___Renewal

SUMMER REFUND POLICY: Refunds offered only until June 16, 2010.
\$10.00 processing fee will be charged.

