

Institute for Learning in Retirement
Registration/Membership Form

Yes, I want to become a FULL-Year Member (\$100.00)

Yes, I want to become a HALF-Year Member (\$60.00)

No, I won't join, but sign me up for the classes I have listed below.
(Non-members may take only one class)

Please fill in the section below. We must have a date of birth in order to assign you a confidential code number. Your registration cannot be confirmed until we have BOTH payment and your date of birth. Couples: Please use a separate registration form for each person.

Mr./Ms. _____ First Name for
Name Tag _____

Mailing Address _____

City/State/Zip _____

Phone _____ Email _____

Date of Birth _____

Please enter your class/trip selections below.

Make checks payable to: **SRU Foundation (ILR).**
SRU Center for Lifelong and Community Learning
165 Elm Street Slippy Rock, PA 16057

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