

Mailing Address:

PEOPLE PROGRAM SUMMER 2017

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

MEMBERSHIP FORM

**Wednesdays
June 14 - July 19, 2017**

Name _____

Mailing Address _____

City _____ State _____ Zip + 4: _____

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

E-mail address _____

New Members Only

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 Req'd For All Members***

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 liability waiver? ___ My Medicare Provider is: Peoples Health Humana Other

CLASS # _____ CLASS NAME _____ TIME _____ FEE? _____

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CLASS # _____ CLASS NAME _____ TIME _____ FEE? _____

CLASS # _____ CLASS NAME _____ TIME _____ FEE? _____

Registration Fee: 1 class \$40 / \$60 more than one Paid: Check # _____ Cash: _____ Receipt: Y N

Oil Painting Fee \$7 _____

Total: _____ Date entered _____ Member Status: ___New ___Renewal

SUMMER REFUND POLICY: Refunds offered only until June 14, 2017.

\$10.00 processing fee will be charged.