

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

**PEOPLE PROGRAM  
Spring 2020 MEMBERSHIP FORM**

**Campus(es):**  
West Bank \_\_\_\_\_  
Lakeshore \_\_\_\_\_

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 \_\_\_\_\_ Caucasian \_\_\_\_\_

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:  
\_\_\_\_\_  
\_\_\_\_\_

**FOR ALL MEMBERS**

*May we list your name, address and phone number in our membership directory?* \_\_\_\_\_

*Have you signed the liability waiver ("Assumption of Risk")?* \_\_\_\_\_

**I give permission to People Program, Inc. to use my image for promotional use (please sign & date below) and I have read the refund policy information on page 2. Initial here \_\_\_\_\_**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**FOR OFFICE USE ONLY**

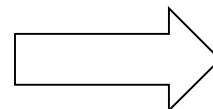
Registration Fee: \$200.00 Paid: Check # \_\_\_\_\_ Cash: \_\_\_\_\_ Receipt: Y N

Extra Class Fees: \_\_\_\_\_ (Class) \_\_\_\_\_ Date received: \_\_\_\_\_

Total: \_\_\_\_\_ Date entered \_\_\_\_\_ Member Status: \_\_\_New \_\_\_Renewal

**REGISTER FOR CLASSES ON THE REVERSE SIDE OF THIS FORM**

*Revised: 10/30/2019*



**PEOPLE PROGRAM Spring 2020**

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: \* (please note, there has been a change of policy) \***

**Full refund will be issued, less processing fee, if requested by Friday, Jan. 31, 2020.**

**There will be NO refunds after Friday, Jan. 31, 2020. A \$10.00 processing fee will be charged for all refunds. Registration rollovers have been discontinued per our auditors.**

**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: _____

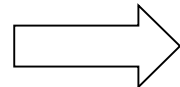
**WEDNESDAY**

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: _____

**REMEMBER TO COMPLETE REQUIRED INFO ON REVERSE SIDE**



**REFUND POLICY:** \* (please note, there has been a change of policy) \*

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**Your Copy: PEOPLE PROGRAM Spring 2020 SCHEDULE**

**MONDAY**

Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ Rm: \_\_\_\_\_  
Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ Rm: \_\_\_\_\_  
Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ Rm: \_\_\_\_\_  
Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ Rm: \_\_\_\_\_

**TUESDAY**

Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ Rm: \_\_\_\_\_  
Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ Rm: \_\_\_\_\_  
Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ Rm: \_\_\_\_\_  
Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ Rm: \_\_\_\_\_

**WEDNESDAY**

Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ Rm: \_\_\_\_\_  
Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ Rm: \_\_\_\_\_  
Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ Rm: \_\_\_\_\_  
Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ Rm: \_\_\_\_\_

**THURSDAY**

Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ Rm: \_\_\_\_\_  
Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ Rm: \_\_\_\_\_  
Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ Rm: \_\_\_\_\_  
Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ Rm: \_\_\_\_\_

**CONFIRMATION: You are accepted into the classes for which you registered unless you are contacted and informed otherwise.**

**Please keep this form for your records.**