

Mailing Address:

PEOPLE PROGRAM SUMMER 2018

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

MEMBERSHIP FORM

**Tuesdays
June 12 - July 17, 2018**

Name _____

Mailing Address _____

City _____ State _____ Zip + 4: _____

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

E-mail address _____ *May we list your info above in our membership directory?* _____

Have you signed a liability waiver? _____

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: _____

I give permission to People Program, Inc. to use my image or likeness for promotional use.

Signature: _____ **Date:** _____

CLASS # _____ CLASS NAME _____ TIME _____

CLASS # _____ CLASS NAME _____ TIME _____

CLASS # _____ CLASS NAME _____ TIME _____

CLASS # _____ CLASS NAME _____ TIME _____

CLASS # _____ CLASS NAME _____ TIME _____

CLASS # _____ CLASS NAME _____ TIME _____

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

Total: _____ Date entered _____ Member Status: _____ New _____ Renewal _____

SUMMER REFUND POLICY: Refunds offered only until June 12, 2018.

\$10.00 processing fee will be charged.