

 **Five College Learning in Retirement**

MEMBERSHIP FORM for new and renewing members

Name _____

Address _____

City, State & Zip _____

Email _____

Phone (_____) _____

Emergency contact:

Name _____ Phone (_____) _____

First-time Members:

\$250 Full Year July 1 - June 30 (All programs and privileges)

\$125 Half Year (One term; all programs and privileges)

Renewing Members:

\$250 Full Year July 1 - June 30 (All programs and privileges)

\$125 Associate for Former Full Members (No seminars or voting rights)

\$125 Discounted Full Year: July 1- June 30 (Discount must be approved by the office. For individuals with restricted income or other financial hardship; all benefits and rights)

Contribution to the Membership Assistance Fund

The 5CLIR Membership Assistance Fund offers financial assistance to applicants who qualify. To help support such aid to fellow members, I enclose a gift to the Membership Assistance Fund in the amount of \$ _____. Your contribution is tax-deductible to the extent allowed by law.

As a member of Five College Learning in Retirement, I recognize that my address, email address and telephone number will appear in the 5CLIR membership directory and my photograph may appear in the Newsletter or on the website unless I request an exemption in writing.

Signature _____ Date _____

**Please make your check payable to “Five College, Inc.” and mail to:
5CLIR, 18 Henshaw Ave., C2, Smith College, Northampton, MA 01063**