NEW MEMBER FORM

Membership Year (June 1, 2020 – May 31, 2021)

Membership dues: $20 per person … Please make check payable to ILR

PLEASE PRINT

LAST NAME ____________________________________ FIRST NAME ____________________________

LAST NAME ___________________________ FIRST NAME ____________________________

ADDRESS ________________________________________________________________

CITY/STATE ________________________________________ ZIP CODE + FOUR __________

HOME PHONE ___________________________ CELL PHONE _________________________ (_______)

HOME PHONE ___________________________ CELL PHONE _________________________ (_______)

EMAIL ________________________________              EMAIL _______________________________

A membership name tag will be sent to you!

(If you want a different name on your tag, please fill in below)

First Name ______________      First Name ______________

Please mail me a current Class Schedule

I’d like to receive my future quarterly Class Schedules by: □ Mail □ Email/Website

Note: In order to attend ILR classes, you must be a member

ILR does not discriminate with respect to race, religion, sex, color or national origin

How did you hear about ILR??  (Please circle one of the choices below)

Friend --- Advertisement --- Guest Speaker --- Other ________________________________

For Office Use Only

Rec’d _________ Amt $ _________ Ck # _________ Cash _________ Voucher _________

N/M pkt _______ to BB _______ db _______ Bkkpr _________

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