NEW MEMBER FORM

Membership Year (June 1, 2023 – May 31, 2024)
(Memberships beginning 3/1 – 5/31 are “rolled over” into the upcoming member year and are active through 5/31/2024)

Membership dues: $25 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 ___________________________ (______) Name
HOME PHONE_________________________ CELL PHONE ___________________________ (______) Name
EMAIL ___________________________________ EMAIL ___________________________________

(If you want to receive text messages from ILR for urgent communications, provide Cell Provider’s Name ________________)

* Age 90+ - no membership cost; Submit completed form with age noted and mark preference/payment for Quarterly Class Schedules (below)

A membership name tag will be mailed to you!
(If you want a different name on your tag, please fill in below)

First Name ___________________________ First Name ___________________________

Please send my household’s Quarterly Class Schedules by:   [ ] Mail**   OR   [ ] Email – No Fee

** Add $10 Annual Mail Fee/household

**One member - $25 join + $10 mail = $35 total; Two members - $50 join + $10 mail = $60 total

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 --- Newspaper --- Flyer --- Guest Speaker --- Other______________________________

For Office Use Only

Rec’d__________ Amt $__________ Ck #__________ Cash__________ Voucher_____________________

N/M pkt _______ to BB _______ db_______   Bkpr__________

( Email / Mail / Office)  Rev. 5.13.23