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**Chesapeake College
Institute for Adult Learning
Membership Application and Registration Form—Spring 2018**

This application covers classes in the Spring semester. Please complete one form per person.

Membership entitles you to...

- Unlimited participation in all *IAL* courses & study groups.
 - Attend brown bag luncheons.
 - Chesapeake College library privileges.

Name: _____ Date of Birth _____ (Required)

Telephone (Home): _____ (Work/Cell): _____ E-Mail: _____ (Required)

Mailing Address: _____
Street or PO Box

City _____ State _____ Zip code: _____

In case of emergency, please contact: _____ Phone: _____

Professional interests/Vocational interests/Life experiences: _____

I WOULD LIKE TO BE ACTIVELY INVOLVED IN:

Teaching a course in _____

Serving on a committee: Curriculum Membership Publicity Special Events

Suggestions for future courses: _____

By checking this box, you are not allowing your statistical information to be shared with council members and publish names and addresses for membership purposes.

Have you previously been a student at Chesapeake College (credit or non-credit)? Yes No

MEMBERSHIP DUES SPRING SEMESTER (check one box)

- CEL 103 S Membership - \$75** **CEL 160 S Cambridge Membership Only - \$25**
 CEL 10U5 S Under 50 Membership - \$170

Method of Payment: Check (payable to Chesapeake College) Credit Card Money Order (Do not mail cash.)

If payment is made by credit card, information may be faxed - 410-827-9222

Charge my membership to: (Circle One) Amex Discover Card MasterCard Visa

Card Number: _____ CID Number* _____ Expiration Date: _____
*(CID # is the last three digits in the signature box on the back of your credit card.)

Cardholder's Name: _____ Authorized Signature _____ Date: _____

Cardholder's Address if different from above: _____

How did you learn about the Institute? Flyer Friend Newspaper Other _____

I understand that Chesapeake College has no legal responsibility for my physical welfare while I am a member of the Institute of Adult Learning or on an Institute sponsored trip. The Institute reserves the right to cancel a course due to insufficient enrollment.

SIGNATURE _____ **DATE** _____

**Nancy Barbieri, Chesapeake College, P.O. Box 8, Wye Mills, MD 21679, 410-822-5400 ext. 2300,
nbarbieri@chesapeake.edu.**

Chesapeake College is an equal opportunity institution. Tobacco-free campus.