



ALRI Membership and/or Registration Form

2009 (Please use one form per person)

**INSTEAD OF SENDING THIS FORM,
JOIN ON-LINE AT www.ArlingtonLRI.org**

NAME (Please print)

First _____ MI _____ Last _____

Preferred First or Nickname _____ Mr. Mrs. Ms. Other _____

Male Female (Circle one)

CONTACT INFORMATION (Complete only if new member, or updating information)

Street _____ Apt. _____

City _____ State _____ Zip _____ - _____

Home (_____) _____ -- _____ Cell (_____) _____ -- _____

Email _____

MEMBERSHIP (Membership fees and donations are tax-deductible)

Annual Fee is \$55 per person (non-refundable): New Renewal

Additional Donation (optional): \$ _____

Check the membership expiration date on your address label

COURSE REGISTRATION (\$45 per course)

If you are interested, place a checkmark ✓ in the Class Aide column.
Class Aides receive free parking while assisting their class.

ALRI Course Name	Course #	Class Aide

MAIL FORM TO:

Adult Education/ALRI
2801 Clarendon Blvd., Suite 306
Arlington, VA 22201

Membership fee (\$55/yr) \$ _____

Course fees (# of courses x \$45) \$ _____

Donation (Optional) \$ _____

Total check/charge amount: \$ _____

PAYMENT METHOD

VISA MasterCard

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Expires: Mo. Yr.

Sign your name as it appears on your credit card

Check: Make payable to **ALRI**