Western Institute for Lifelong Learning

Membership Form

☐New ☐Renewing ☐Address Change Date of payment _____

Name_____

Mailing Address_____

City_____State_____Zip_____

E-Mail Address_____

Phone_____(home)_____(work)_____(fax)

☐ **I am willing for the above information to be included in a membership directory**.

Method of Payment: ☐ Check ☐ Cash

Annual Membership Dues: $50.00

Membership benefits include:

- Ability to enroll in any courses offered by WILL (class size may be limited by facilitator or facilities, in which case enrollment will be on a first come, first served basis)
- Participation in all WILL social events
- Input about WILL curriculum offerings and activities
- Opportunity to interact with others with an interest in lifelong learning

Complete and return with payment to WILL, P.O. Box 304, Silver City, NM 88062

WILL Membership Receipt

The amount of $_____ was remitted to WILL for membership dues

from: _____
Name(s) of member(s)

Membership to run from _____to _____
Today's date 12 months forward

Received by_____

Date Received: _____

Will offers intellectual stimulation and social interaction.