

REGISTRATION FORM

•Please fill out and send entire form with payment•

SILIR REGISTRATION FORM (PLEASE FILL IN YOUR NAME AND ADDRESS.)

First Name _____ Last Name _____

First Name _____ Last Name _____

Street _____

City _____ State _____ Zip Code _____

Day Phone Number _____ Cell Phone _____

*E-mail Address _____

NEW MEMBERS: How did you hear about us? Friend Newspaper Social Media/Online Radio/TV

If you are registering more than yourself for a class/trip, please list the name(s) of the SILIR member you are registering.

Name: _____ (25M0901901) **FY25 Membership Dues**\$25 x ____ = ____
Addtl. Name: _____ **July 1, 2024—June 30, 2025**

Name: _____ (25M0901904) **INTEREST GROUPS — July 1, 2024—June 30, 2025**
Name: _____ (25M0901905) Book Study Group\$10 x ____ = ____
Lunch Discussion Group\$10 x ____ = ____

Name: _____ (25M0901907) Studies in Short Fiction\$15x ____ = ____
Name: _____ (25M0901912) Selections from Best American Short Stories\$15x ____ = ____
Name: _____ (25M0901913) Campaigns and Elections of 2024\$15x ____ = ____
Name: _____ (25M0901914) African American History (African Coast).....\$15x ____ = ____
Name: _____ (25M0901915) The Aging Brain.....\$15x ____ = ____
Name: _____ (25M0901916) 30,000 Miles by Sea\$5x ____ = ____
Name: _____ (25M0901917) The Tri- State Tornado\$5x ____ = ____

TOTAL: \$ _____

LEARNING IN RETIREMENT PROGRAM WAIVER DISCLAIMER: Most SILIR activities require very little mobility. When an activity requires traveling up to 1 mile or more or navigating 10 steps or more, or involves longer waiting or standing times, we will alert you so that you may choose wisely.
Signature _____ Date _____
My signature confirms that I have read and understand the activity level of any trip sponsored by Learning in Retirement and accept the risks and conditions of the trip. I am aware that some trips may encounter rough terrain and closed-toe shoes will aid in maintaining my safety.

Please submit a check payable to "SIU Carbondale" or credit card information below.

Credit Card Number _____ Exp. _____
Name on Card _____ CVC _____
Email (for receipt): _____

**Mail to: Events & Outreach
Anthony Hall - Mail Code 6705
Carbondale, IL 62901**
**or call Registration at 618-536-7751 to
register with your credit card.**