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•Please fill out and se	Last Name
First Name First Name Street City	Last Name
First Name Street City	Last Name
Street City	
City	
Day Phone Number	State Zip Code
	Cell Phone
*E-mail Address	
	riend 🛛 Newspaper 🗖 Social Media/Online 🗖 Radio
If you are registering more than yourself for a class/trip	p, please list the name(s) of the SILIR member you are registering.
Name:(25M0901	1901) FY25 Membership Dues \$25 x =
Addtl. Name:	July 1, 2024—June 30, 2025
	INTEREST GROUPS — July 1, 2024—June 30, 2025
Name:(25M0901	
Name:(25M0901	1905) Lunch Discussion Group\$10 x =
Name:(25M0901	1906) Hamilton at Fox Theatre\$185 x =
	TOTAL: \$
activity requires traveling up to 1 mile or more or navigatin we will alert you so that you may choose wisely. Signature	AIMER: Most SILIR activities require very little mobility. When ing 10 steps or more, or involves longer waiting or standing tim Date of any trip sponsored by Learning in Retirement and accept the risks and condi closed-toe shoes will aid in maintaining my safety.
Please submit a check navable to "SIU Carbondale" or credit ca	ard information below.
Please submit a check payable to "SIU Carbondale" <u>or</u> credit ca	Exp Mail to: Events & Outreach
Please submit a check payable to "SIU Carbondale" or credit ca Credit Card Number Name on Card	Exp Mail to: Events & Outreach Anthony Hall - Mail Code 6705