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Lifelong Learning, Inc.

P.O. Box 23228, Santa Barbara, CA 93121-3228

VISTAS Annual Membership Application July 1, 2016 through June 30, 2017

Name(s): _____
 Address: _____
 City State Zip: _____
 Phone: _____ Phone: _____
 Email: _____ Email: _____

Individual: \$45 (or \$35 if you agree to receive all VISTAS communications by **email**) \$ _____
Household: \$65 (or \$55 if you agree to receive all VISTAS communications by **email**) \$ _____
VISTAS is also delighted to accept your Tax Deductible 501 (c)(3) Supporter Donation in any amount. A receipt will be sent to you for your tax purposes. \$ _____
Total \$ _____

Please feel free to suggest subjects for future programs that you would be interested in attending, or presenting. *(You may use the back of this page for more writing space)*

Please note where you heard of VISTAS, whether it be from a friend, an organization, or online search.

Please note any skills or background information that you would like to volunteer or contribute to making VISTAS a more successful program: *(You may use the back of this page for more writing space)*

Please mail this completed form along with your check or credit card information to:

VISTAS Lifelong Learning, Inc. P.O. Box 23228 Santa Barbara CA 93121	Check Number _____	Or you may visit our website at http://www.vistaslifelonglearning.org/join.html and pay with PayPal or by secure credit card
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NOTE: Please circle below any of your personal information that you do **not** wish to have included in a roster that will be distributed to VISTAS membership.

Name	Phone	Address	Email

Need a Name Badge? _____ **Check Here**