



Lifelong Learning, Inc.

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

Please Print

VISTAS Annual Membership Application July 1, 2017 through June 30, 2018

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 mail this completed form along with your check to:

VISTAS Lifelong Learning, Inc. P.O. Box 23228 Santa Barbara CA 93121	Check Number & Date _____
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Or you may visit our website at
<http://www.vistaslifelonglearning.org/join.html>
 and pay by secure credit card through PayPal

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**

Phone: 805-967-6030 - Web: <http://www.vistaslifelonglearning.org/join.html> - Email: vistas@silcom.com
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