



Lifelong Learning, Inc.

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

Please Print

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**) \$ _____
 \$40 \$30
Household: \$65 (or ~~\$55~~ if you agree to receive all VISTAS communications by **email**) \$ _____
 \$60 \$50

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 by secure credit card through PayPal
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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? _____