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Lifelong Learning, Inc.

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

**VISTAS Annual Membership
July 1, 2021 through June 30, 2022**

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

Individual: \$50 \$ _____
Household: \$75 \$ _____
VISTAS is also delighted to accept your Tax Deductible 501 (c)(3) Donation in any amount. \$ _____
A receipt will be sent to you for your tax purposes
TOTAL: \$ _____

Please mail this entire completed form (please do not cut) 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 <https://www.vistaslifelonglearning.org/join-vistas> and pay by secure credit card through PayPal

If you have an interest in volunteering for VISTAS please note here:

- **Hospitality** (Bring cookies or treats to classes, or coffee pick-up and return)
- **Audio/Visual** (assist presenters with their technical presentations)
- **Present a Class or Seminar** (Share your expertise or interests - new presenters are welcome - note your ideas on the back of this form)

Need a Name Badge? _____