



**SLR SOCIETY FOR LEARNING IN RETIREMENT REGISTRATON**  
*Please deliver or mail your completed registration form with payment to:*  
**SLR, 1434 Graham Street, Kelowna, BC, V1Y 3A8**

**APPLICANT INFORMATION (Please Print)**

Name:	
Phone:	<i>EMERGENCY CONTACT</i>
Email:	<i>Name:</i>
Address:	<i>Relationship:</i>
	<i>Phone:</i>
City & Province:	<i>Cell:</i>
Postal Code:	<i>Family Doctor:</i>
Medical Alert:	<i>Phone:</i>

**COURSE REGISTRATION**  
 (Use back of form to continue)

Course #	Title	Fee
Membership Fee* <i>(add \$15 if applicable)</i>		
Donation <i>(Optional):</i>		
<b>Total Payment:</b>		\$

*\*The annual membership runs from September 1 to August 31. The non-refundable fee is \$15.  
 If you have **NOT** paid your membership fee yet, add \$15 to the total course fees, please.*

**METHOD OF PAYMENT**

Your receipt(s) will be handed out to you at your first study group session.

<i>(Circle One, please)</i> CASH / CHEQUE <i>(payable to SLR)</i> / VISA / MASTERCARD	
Card #:	Expiry Date:
Name on Card:	<i>This Info will be blacked out on file</i>

**OPPORTUNITIES FOR MEMBERSHIP PARTICIPATION AS VOLUNTEER ( ✓ )**

Study Group Leader	Community Relations Committee
Board	Social Committee
Program Committee	Other <i>(Describe. Use back of form if you wish)</i>

**HOW DID YOU FIND OUT ABOUT SLR? ( ✓ )**

Word of Mouth	/ Newspaper	/ Booth at Community Fair
Other <i>(explain)</i>		

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

***Privacy Policy:*** *The Society for Learning in Retirement (SLR) collects your name, address, telephone # and email address for the sole purpose of notifying you of SLR events and contact information. The SLR does not sell, disseminate or otherwise provide your name and information to any other person or organization. By signing this form, you agree to the above use of your personal information.*