

Eastern Illinois University  
School of Continuing Education

Academy of Lifetime Learning  
Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

Phone: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Membership: \$35.00 per calendar year (January 1 through December 31) or \$20.00 per half-year (January 1 through June 30 or July 1 through Dec. 31)

Payment:  Check (payable to Eastern Illinois University)

Credit Card

Type:  Visa  MasterCard  Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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School of  
**Continuing Education**

*live. learn. grow.*