MEMBERSHIP/COURSE REGISTRATION FORM

Name					
Home Mailing Address					
City		State		ZIP	
Home Phone		E-mail Address			
Emergency Contact Name		Phone			
Membership Dues (non-r		Membe	erships run from Sept. 1 through Aug. 31.		
☐ 1 Year - \$45] 2 Year - \$80	3	☐ 3 Year - \$105	
selected and list their name Guest #1 Name:		lditional attende	es		
Guest #2 Name:					
CANCELLATION POLICY,	see p. 1				
Payment Information:	tion: Total Cost for My Workshop Choices:				
☐ Cash	☐ M/C		Visa	Discover	
☐ Check (payable to EIU)	Card#				
	Exp. Date	eTota	al Charges		
I authorize Eastern Illinois Univers	sity to charge	my credit card:			
		Car	dholder Signa	ature	

Please mail your completed registration form with payment to the return address on the back cover.