



**MEMBERSHIP FORM**

**July 1 through June 30**

**Name(s)** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Telephone - Home** \_\_\_\_\_

**Cell** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Email** \_\_\_\_\_ **Email** \_\_\_\_\_

**Membership Fee: \$25 per person**

**Method of Payment:**  **Cash**  **Check (Payable to BCLIR)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

Signature indicates permission to publish photographs until notice is given to the Membership Chair to discontinue or until person has not registered for BCLIR classes for two consecutive academic years.

**Permission to print photographs for marketing purposes:**  **Yes**  **No**

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**Please make your check payable to BCLIR, note Membership, and send to:**

**BCLIR/Membership  
PO Box 603126  
Providence, RI 02906**

**You may include your membership fee with your course registration.  
Please note on your registration form.**