



MEMBERSHIP FORM

July 1, 2010 through June 30, 2011

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.**