



LETHBRIDGE LIFELONG LEARNING ASSOCIATION

NEW INDIVIDUAL MEMBERSHIP APPLICATION

We collect the following information for the purpose of maintaining our membership list, and will only use this information for providing you information about LLLA and distributing the membership list only to LLLA members and Alberta Advanced Education. If you have any questions please feel free to contact us at 329-7283.

Name of Individual: _____

Mailing Address: _____

Postal Code: _____ Phone Number: _____

Fax Number: _____ E-mail: _____

Are you interested in, or associated with continuing adult education and lifelong learning in Lethbridge? Yes No

If Yes, give a brief background:

Are you willing to volunteer on behalf of the Association?

On the Board Yes No

On Committees Yes No

PLEASE COMPLETE THE FOLLOWING:

I would like an **INDIVIDUAL MEMBERSHIP** for the _____ year.

I understand my eligibility, responsibilities and benefits for the type of membership applied for as outlined in the **BYLAWS** of **LETHBRIDGE LIFELONG LEARNING ASSOCIATION**.

Individual (print name)

Signature

Date

Please complete and return this form to Lethbridge Lifelong Learning Association office. Any questions please call 329-7283.

SEND TO: Lethbridge Lifelong Learning Association or FAX TO: (403) 320-7850
3000 College Drive South
College Centre Rm#1312
Lethbridge, Alberta T1K 1L6