



The Association of Lifelong Learners
all@alpenacc.edu

Membership Form

July 1, 2021 through June 30, 2022

Name* (1): _____ M or F (Please circle one) Birth Year: _____
Name* (2): _____ M or F (Please circle one) Birth Year: _____
Address*: _____ City*: _____ State*: _____ Zip*: _____
Phone*: _____ County of Residence: _____ E-mail Address*** _____

I elect to receive ALL Program Schedules, Newsletters and Preregistration Forms via email only. Please check here: []

\$50-individual [] \$90-couple [] \$110-family*(same household) [] Renewal: [] New: []

Add names & birth year on reverse side of this form for Family members.

*-Please Complete Required Information *** Providing an email address will allow us to send occasional information and messages

What influenced you to become an Association of Lifelong Learners member? Please check all that apply:

- [] Friend [] Program Offerings
[] Newsletter [] Attended previous programs as a guest
[] Publicity (Newspaper, radio/television) [] Social Media (Facebook, YouTube, etc)

Other _____

What social media do you use? Check all that apply: [] Facebook [] Instagram, [] YouTube, [] Twitter, Other _____

How often do you read a local newspaper (printed or online): [] Daily [] Weekly [] Rarely

What types of programs interest you? : _____

Is there a Program you would be willing to present? If yes, Subject: _____

RELEASE OF LIABILITY

I acknowledge that there are risks associated with my participation in these activities including, but not limited to, those associated with travel, transportation or vehicular traffic, climate, weather or other natural phenomena, accident, my own actions or the actions of others. I understand that these risks may result in serious illness, injury or death. I hereby accept and assume, for myself, all such risks in consideration for being allowed to participate in any activity, which I do freely and voluntarily for my own personal benefit. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to:

- Waive, release and discharge from any and all liability The Association of Lifelong Learners and Alpena Community College, their elected and appointed officials, employees, students, agents and volunteers for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me, including while traveling to, from and during this trip.
• Indemnify and hold harmless The Association of Lifelong Learners and Alpena Community College, their elected and appointed officials, employees, students, agents and volunteers from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in these activities.
• I further understand that I am required to have my own health and accident insurance and that The Association of Lifelong Learners and Alpena Community College are not and will not be responsible for any such costs that may accrue to me.
• I agree and consent to the use of photographs, videos and articles for purposes of publicity by ALL@ACC and waive claims for compensation or damages.

Signature*: _____ Date: _____

Signature*: _____ Date: _____

Please complete, sign and return this form to: The Association of Lifelong Learners, 665 Johnson Street, Alpena, MI 49707
For more information call ALL @ (989) 358-7207~~ website at www.associationoflifelonglearners.org.