

Please fill out the following membership form and send it with your check. You have attended and read about our exciting classes and seminars this past year. You will want to participate in the banquet of choices we have planned for the coming year. With your dues VISTAS updates aging equipment, pays fees for venues and purchases those delicious goodies served during class breaks and social events. We thank you for your support.

MEMBERSHIP FORM

YES! I/We want to support lifelong learning in Santa Barbara. Please enroll me/us as a member of VISTAS Lifelong Learning, Inc.

Annual Dues, July 1 - June 30, are:

\$40 Individual \$60 Household (2 people at the same address)

Contributor—any amount

Name(s): _____

Street _____

City/State/Zip _____

Telephone: _____ Fax: _____ Email: _____

Please make your check payable to VISTAS Lifelong Learning, Inc.
Mail to: VISTAS Lifelong Learning, Inc., P.O. Box 23228, Santa Barbara, CA 93121-3228