

## APPLICATION FORM

Seminar \_\_\_\_\_

VISTAS Members \$ \_\_\_\_\_ — Non-members \$ \_\_\_\_\_

Please send this application and your check, payable to VISTAS, to:  
VISTAS Lifelong Learning, Inc., P.O. Box 23228, Santa Barbara, CA 93121-3228

Name(s): \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

- I (We) would also like to become a VISTAS member: Annual dues, July 1 - June 30, are:
- \$40 Individual    \$60 Household (2 people; same address)
  - \$100 Fellow    \$250 Contributor    \$500 Sponsor    \$1,000 Patron