



# Lifelong Learners of the Central Coast

## Membership Information Form

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

How Would You Prefer to Be Contacted?

By Email

By Telephone

By Mail

Membership \$25

Additional Contribution \_\_\_\_\_

Please mail this form along with your check to:

Lifelong Learners of the Central Coast

P.O. Box 5257

San Luis Obispo, CA 93403-5257