

5CLIR MEMBERSHIP FORM

Name _____ Address _____

City, State & Zip _____

Email _____ Phone (____) _____

In case of emergency or illness, I would like you to notify:

Name _____ Phone (____) _____

I would like to become a 5CLIR member.

- \$250 Full Year: July 1st – June 30th (All programs and privileges)
- \$250 Full Year Emeriti/Emeritae (All programs and privileges; audit designated seminars only)
- \$125 Half Year for New Members (Fall or spring term; all programs and privileges)
- \$125 Associate for Former Full Members (No seminars or voting right)
- \$125 Discounted Full Year: July 1st – June 30th (For individuals living on a restricted income or experiencing large medical/other bills; all benefits and rights)

- My circumstances create a need greater than above. I will contact the 5CLIR Treasurer through the Office Manager (Callie Orszak, 585-3756) to discuss additional dues reduction.

- Tax Deductible Contribution - The 5CLIR Membership Assistance Fund offers financial assistance to applicants who qualify. To help support such aid to fellow members, I enclose a gift to the Membership Assistance Fund in the amount of _____.

Please make your check payable to "Five Colleges, Inc."

Mail to: 5CLIR, Neilson Library, Smith College, Northampton, MA 01063

Members may: participate in fall and spring seminars, winter and summer programs, and special year-round programs; receive all publications; join a committee; vote in annual elections; and receive a membership card providing borrowing privileges at the libraries of the five colleges and free transportation on the PVRTA buses.

If a fully paid member is unable to register for a fall or spring seminar, a refund of \$50 can be applied for in writing. The request must be received by March 15 of the current membership year.

As a member of Five College Learning in Retirement, I recognize that my address, email address and telephone number will appear in the 5CLIR membership directory and my photograph may appear in the Newsletter or on the website unless I request an exemption in writing.

Signature: _____ Date _____