

MEMBERSHIP APPLICATION & REGISTRATION

302/645-4111

FAX: 302/645-4112

SDALL • 820A Savannah Road • Lewes DE 19958

PLEASE CLEARLY FILL IN ALL INFORMATION

1. NAME (Please Print) _____ TELEPHONE _____
ADDRESS _____ E-MAIL _____
CITY _____ STATE _____ ZIP CODE _____
DATE OF BIRTH _____

If you do not want your address, phone number, and e-mail address published in a Member Directory, please check here: No

Do you use a handicapped parking permit? Yes

2. IN CASE OF EMERGENCY OR ILLNESS CALL:

NAME _____ TELEPHONE _____

3. Because the Academy is a cooperative educational community, members have the opportunity and obligation to support its objectives through participation in committees, planning (courses, trips, activities) and serving as class leaders and instructors.

I WOULD LIKE TO BE ACTIVELY INVOLVED IN:

Teaching or organizing a course in _____
 Serving on the following committee:

Academic Communications Library Planning Social Travel

4. **EDUCATION*** High School Some College College Graduate Grad. School
Professional/Avocational interests _____

5. **MEMBERSHIP DUES:** (Check all that apply) New Member Returning Member

- _____ Full-year \$195 (Fall 2009 - Spring 2010)
- _____ Half-year membership at \$120
- _____ Donation to Gift Fund
- _____ Donation to Kirilla Scholarship Fund
- _____ Total (**Make checks payable to "University of Delaware."**)

NEW MEMBERS: HOW DID YOU LEARN ABOUT SDALL?

Newspaper article Friend Library Display Poster Other

I understand that the University of Delaware has no legal responsibility for my physical welfare while I am a member of the Southern Delaware Academy of Lifelong Learning (SDALL) or on an Academy-sponsored trip. SDALL reserves the right to cancel a course due to insufficient enrollment.

DATE OF REGISTRATION _____ SIGNATURE _____

* For demographic purposes only. There is no minimum education requirement for membership in the Academy.