



MEMBERSHIP RENEWAL

Return this form to: The Riford Center
6811 La Jolla Blvd
La Jolla, CA 92037

Current Details

Name: _____ Date: _____
Address: _____ City: _____
Phone (h): _____ Phone (cell): _____
Email: _____ Due Date: _____

Change My Details

Title: _____ First Name: _____ Last Name: _____
Street: _____ City: _____ Zip: _____
Phone (h): _____ Phone (w): _____ Phone (cell): _____
Email: _____

New Information

Are you over the age of 62? Yes No Years of Riford Center membership: _____

Emergency contact name: _____ Phone: _____

Current Interest Areas:

Bridge Jazzercise Dance Yoga Tai Chi Distinguished Speaker Series
Cooking Book Club Drama Visual Arts Day Trips Computer Use
Spanish French Italian Other: _____

New Interest Areas/Comments (turn over page to add more comments):

Payment Details

Check Visa MasterCard Card/Check No _____ EXP ___/___

Membership Type: Regular (\$100) Sustaining (\$250)* Donation*: \$ _____

Signature _____ Date: ___/___/___

*sustaining membership includes a \$150 donation; all donations are tax-deductible

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