



MEMBERSHIP APPLICATION

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

My Details

Title: _____ First Name: _____ Last Name: _____

Street: _____ City: _____ Zip: _____

Phone (h): _____ Phone (w): _____ Phone (cell): _____

Email: _____ Gender: F M

Emergency contact name: _____ Phone: _____

OPTIONAL: In order to assist the Riford Center qualify for government grants, you may volunteer the following information, although it is not required for membership: **Are you 62 or older?** yes no

All information will be kept confidential except statistics based on this question will be used when applying for government grants

My Interests

Current Programs:

Bridge Jazzercise Line dancing Dance Yoga Tai Chi

Cooking Book club Drama Visual arts Film & video Computer use

Spanish French Italian Other: _____

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

Payment Details

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

Membership Type: Regular(\$100) Sustaining (\$250)** Couple (\$175)*

Additional Donation** \$ _____

Signature _____ Date: ___/___/___

* checks should be made out to *Friends of the Riford Center*

** sustaining membership includes a \$150 donation; donations are tax- deductible according to the extent allow by law