

Application & Registration — Fall 2013

Name (Dr./Mr./Mrs./Ms.): _____ Home Phone _____

Cell Phone _____ Email Address _____

Address: _____

City: _____ State: _____ Zip: _____

Course	Day	Time	Cost
<p>Membership Fee</p> <input type="checkbox"/> Basic \$50 <input type="checkbox"/> Basic PLUS \$100 <input type="checkbox"/> Friend \$150 <input type="checkbox"/> Benefactor \$1,500			
<p>Total Course Fees</p>			\$ _____
<p>Total</p>			\$ _____

I understand that Alvernia University has no legal responsibility for my physical welfare while I attend Seniors College classes or events.

**Please make check payable to Alvernia University and mail to:
 Alvernia Seniors College • 400 Saint Bernardine Street • Reading, PA 19607**