

# Application & Registration – Fall Session 2015

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

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Course	Day	Time	Cost
_____			
_____			
_____			
_____			

**Membership Fee**  
 Basic \$50       Basic PLUS \$100

Friend \$150

Benefactor \$1,500

\$ \_\_\_\_\_

**Total Course Fees**  
\$ \_\_\_\_\_

**Total**  
\$ \_\_\_\_\_

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