LEARNING IN RETIREMENT MEMBERSHIP FORM

P.O. Box 105166 Jefferson City, MO 65110 (573) 681 – 6152
Website: www.lirjc.org E-mail address: lirlearning@outlook.com

LAST NAME _____FIRST NAME(S)_____
(Couples may complete one form)

Street Address _____City _____Zip_____

Email _____

Preferred Phone Number _____Secondary Phone Number _____

Be sure to complete all information because phone numbers and e-mail addresses will be used to notify you in the event of trip or course changes. ***Please notify the LIR office of any changes during the year.***

MEMBERSHIP FEE

Annual membership fee = $40/per person due in January of each year ($25 if joining mid-year June)

Please mark one: Current Member _____ or New Member _____

Individuals must be LIR members before they can participate in LIR clubs, courses, or trips.

MEMBER PARTICIPATION

LIR is an all-volunteer organization that relies on leadership contributions from and participation of its members. Please check the activities which interest you and how you would like to be involved.

Thanks in advance for your help!

Committees	Courses	Clubs	Office Assistance
_____Clubs	_____Audio/Visual Assistance	_____Bocce Ball	_____Bookkeeping
_____Curriculum	_____Chair a Discussion Group	_____Book Club	_____Office/Phone Backup
_____Educational Travel	_____Coordinator for a Class	_____Bridge	_____Registration
_____Hospitality	_____Serve as Presenter	_____Canasta	_____Website Maintenance
_____ Membership/Marketing		_____Dominoes	
_____Newsletter		_____Hand & Foot	
_____Serve on Board		_____Jammers	
		_____Liverpool Rummy	_____ACCESS
		_____Mah Jongg	_____EXCEL
		_____Pinochle	_____QUICKEN
		_____Pitch	_____WORD
		_____Scrabble	
		_____Thread Heads	
		_____Writers	
		_____Walking/Hiking	

Other skills you can bring to LIR: _____

SUGGESTIONS

Course subjects and/or presenters: _____

Trip locations: _____

Member Liability Waiver: This waiver is your agreement to indemnify and hold harmless Learning in Retirement, Inc. from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees brought as a result of your involvement with Learning in Retirement, Inc., in the event there is any exposure of member to any communicable disease, including COVID-19.

Acknowledgement of Understanding: I have read the waiver liability, assumption of risk, and indemnify agreement, fully understand its terms, **and understand that by joining Learning in Retirement, Inc., I am giving up substantial rights, including my right to sue**. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

_____ _____ _____ _____
(Signature of member) (Date) (Signature of 2nd member) (Date)