## LEARNING IN RETIREMENT MEMBERSHIP FORM

P.O. Box 105166 Jefferson City, MO 65110 (573) 681 - 6152Website: www.lincolnu.edu/web/learning-in-retirement/home E-mail address: lirlearning@outlook.com FIRST NAME(S)\_\_\_ LAST NAME (Couples may complete one form) ------PLEASE NOTE SIGNATURE(S) AND DATE REQUIRED BELOW------Street Address \_\_\_\_\_\_City \_\_\_\_\_Zip\_\_ Email \_\_\_Secondary Phone Number \_\_\_\_\_ Preferred 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 after June 30) 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! Clubs Office Assistance Committees **Courses** Membership/Marketing Coordinator for a Class Writers Registration Curriculum Chair a Discussion Group Walking/Hiking Office/Phone Backup **Educational Travel** Serve as Presenter **Bocce Ball** Mah Jongg Bookkeeping Hospitality Audio/Visual Assistance **Book Club** Hand & Foot Website Maintenance Bridge WORD Clubs Topic(s): **EXCEL** Newsletter Pinochle Serve on Board Canasta **ACCESS** Pitch QUICKEN Scrabble **Dominoes Jammers** Thread Heads Sketchers 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

(Signature of 2<sup>nd</sup> member)

and unconditional release of all liability to the greatest extent allowed by law.

(Date)

(Signature of member)

(Date)