BROOKLYN COLLEGE INSTITUTE FOR RETIREES IN PURSUIT OF EDUCATION

MEMBERSHIP ENROLLMENT FORM

					DATE		
NAMELAST	1	FIRST	M	IDDLE			
ADDRESS			A	.PT. #			
CITY							
TELEPHONE #		LAST 4 DIGITS SOCIAL SECURITY #					
E-MAIL ADDRESS							
HOW DID YOU LE EMERGENCY CO	ARN OF THIS PR DNTACT INFOR	OGRAM? MATION:					
<u>CONTACT</u> :	NAME		REI	ATIONSHII	P		
	TELEPHONE # _						
(DOB, Sex and Marit	_		ABOUT YOU	RSELF			
DATE OF BIRTH		SEX	MARITAL STAT	'US:S_	MW	_D	
OCCUPATION & B	RIEF DESCRIPTI	ON					
HOBBIES & INTER	RESTS						
HAVE YOU BEEN	ACTIVE IN ANY V	OLUNTEER	ORGANIZATION	NS?			
WHAT LEADERSH	IP POSITIONS, I	F ANY, HAVI	E YOU HELD IN	THESE OR	GANIZATIONS?	,	
IF YOU WISH TO V	OLUNTEER TO	ГЕАСН, PLE	ASE DESCRIBE A	AREA:			
ARE YOU INTERE	STED IN HELPIN	IG IN OTHER	R WAYS AT IRPE	? (e.g. Comm	nittee work)		
ADDITIONAL COMM	MENTS:						