

ASSOCIATION FOR LIFELONG LEARNING IN SALISBURY
Membership and Registration Form: Spring 2018

NAME *(please print)* _____ (one form per person)
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TEL # _____ EMAIL _____

For Office Use Contacted on: _____ Contacted by: _____ Email: _____ Phone: _____ Notes: _____

Course Selection

To register, please check your course selection(s) below.

Note: You must be a member of ALL to enroll in courses

- _____ **The Election Process in Maryland.** *Dale Godfrey*
- _____ **A Day in Old Rome.** *Ray Thompson*
- _____ **A Brief History of the Roman Catholic Church from 1870 to Present.** *John Groutt*
- _____ **Current Challenges in Global Health.** *Karin Johnson*
- _____ **Three Catalysts of Progressive Ideology.** *Mike Pretl*
- _____ **How to Read Poetry.** *Ron Dotterer*
- _____ **Teacher, Teacher! School Daze in Short Stories.** *Nancy Hesser*
- _____ **Art and Artists: 19th Century Painting.** *Terry Murray*
- _____ **Memba Mi Tell Yuh: Caribbean Short Stories.** *Nancy Hesser*
- _____ **The Great Migration that Changed the World.** *Eleanor Mulligan*
- _____ **The Artist's Way: Unleashing Your Creative Nature, part 2.** *Diane Mitchell*
- _____ **Pearl Harbor – Lessons for Today from America's Day of Infamy.** *Mike Roberts*
- _____ **Slavery and Freedom on the Eastern Shore.** *Ted Corbett*
- _____ **Psychology of Aging.** *Carolyn Stegman*
- _____ **Rockin' Steady..** *Phil Hesser*
- _____ **A Tale of Two Ghettos.** *Joe Chaikel*
- _____ **The Supreme Court: Earlier Decisions and Current Cases.** *Page Insley Austin*

Membership Dues Spring Semester---\$30.00

Method of payment: _____ Check payable to Association for Lifelong Learning
_____ Money Order (Do not mail cash)

I understand that the Association for Lifelong Learning has no legal responsibility for my physical welfare while I am a member of the Association for Lifelong Learning. The Association for Lifelong Learning reserves the right to cancel a course due to insufficient enrollment.

Signature _____ Date _____

Please enclose Spring semester membership dues of \$30 per person, and mail to:
Association for Lifelong Learning, P.O. Box 342, Salisbury, MD 21803

Membership dues and registrations must be received by January 24, 2018

MEMBER PARTICIPATION FORM

ALL is a cooperative educational community in that all of its work is planned and carried out by the members who volunteer their time and talents as planners, course leaders, or committee members, according to their interests and skills. If you are able to support ALL's work by serving on a committee or leading a course, please indicate your interest below.

_____ I would be interested in leading a course. Briefly describe course topic.

_____ I know of someone who would make a great course leader. Please give us the name and contact information.

I am interested in helping with

_____ Curriculum

_____ Catalog/Publicity

_____ Membership/Outreach

_____ Course Registration

_____ Finance/Budget

_____ Database Management & Communications

_____ Office

_____ Spring Preview

Please suggest any topics on which you would like to see ALL offer courses.

Your name:

Phone number:

Email address:

Association for Lifelong Learning, P.O. Box 342, Salisbury MD 21803
www.associationforlifelonglearning.org
ASSOCFORLL@hotmail.com
410-422-2041

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