

LLI / NOVA Membership Form

Phone: (703) 503-0600

E-Mail: llinova.admn@gmail.com

Title: Mr., Mrs., Ms., Dr., Other _____ (circle one)

Name _____

Address _____

City _____ State _____ ZIP _____ - _____

Phone Number(s): Home () _____ Other () _____

E-Mail Address _____

Please indicate if any information above differs from latest LLI Directory.

Where did you hear about LLI? _____

Briefly tell us about your career, expertise, or skills _____

Fee: \$110 per year for individual membership. Checks should be made payable to **LLI /NOVA.**

Send to: LLI / NOVA
Building CG, Room 202
8333 Little River Turnpike
Annandale, VA 22003-3743

As a general practice LLI does not refund membership dues. Under extenuating circumstances LLI will consider requests for refunds if they are made in writing within 30 days of joining the Institute.

Please also complete the following:

Date _____

Renewal

Amount Paid _____

New

Check # _____

LLI is operated by volunteers. This is part of our education as well as an opportunity to meet other people and be involved. If you are willing to help in some area, please indicate in which area(s) below.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Present a Course | <input type="checkbox"/> Plan a Course | <input type="checkbox"/> Coordinate a Course | <input type="checkbox"/> Serve on the Board |
| <input type="checkbox"/> Serve on a Committee | <input type="checkbox"/> Help in the Office | <input type="checkbox"/> Assist with A/V equipment | |
| <input type="checkbox"/> Assist with Travel Planning | <input type="checkbox"/> Other _____ | | |

Would you like for someone to contact you to answer any questions or provide additional information? _____

If you have any questions about volunteer opportunities, contact the LLI Volunteer Coordinator, Philippa Centini, at phil.centini@verizon.net or (703) 658-1545.