



MEMBERSHIP FORM for January 1 – December 31, 2024

Yes, I would like to join The Center and participate in the learning experiences offered. I understand that the membership fee is \$90 for the calendar year (January 1 through December 31, 2024).

Since CCAL is a non-profit organization, any donations over and above your membership would be gratefully appreciated. Donations would, of course, be tax deductible to the full extent allowed by Federal law.

CCAL full membership dues for 2024 are \$90

PLEASE USE BLACK OR BLUE PEN

1. Enclosed is my membership check for \$ _____ and a donation to CCAL \$ _____
2. This membership is New Renewal
3. Name _____
4. Address _____
City/Town _____ State _____ Zip Code _____
Phone (____) _____ CELL (____) _____ Email _____
5. Alternate Seasonal Address (give dates) from ____/____/____ to ____/____/____
Alternate Address _____
City/Town _____ State _____ Zip code _____ Phone _____
6. What “call name” or “nick name” do you prefer? _____
7. May we use photos of you participating in CCAL classes/events on our website? yes no
8. Are you retired? yes no
9. What was your former occupation? Please be specific.

10. Please indicate your interest in serving CCAL in any of the following areas:
 Board of Directors Curriculum Committee Member Events Committee
 Nominating Committee Public Relations Committee Finance and Administration Committee
11. Would you be interested in volunteering to teach a course for CCAL in the future? (A member of our Curriculum Committee will contact you for details.) What topic(s)?

12. Do you want to be on the list to receive notices of CCAL trips? yes no
13. When a current CCAL member recommends someone for CCAL membership and they join, the current member will receive a discount on membership dues for the following membership year.
New Members: tell us who referred you to CCAL _____

MEMBERSHIP FEE IS DUE ONCE PER CALENDAR YEAR.

**WE MUST HAVE THIS COMPLETED FORM + PAYMENT FOR 2024 CALENDAR YEAR
BEFORE YOU CAN ATTEND ANY CLASSES**

**Return this form with your check made payable to CCAL to:
The Center for Continuing Adult Learning (CCAL), PO Box 546, Oneonta, NY 13820**

**Questions? Contact our Office (607) 441-7370 or email ccaloneonta@stny.rr.com
Office hours are Tuesdays, Wednesdays and Thursdays from 12:30 to 4:30 p.m. only
Scholarships to waive the membership fee are available. Contact the Office for an application.**