



ICLRU Admission Form

Name _____ Date _____

Address _____

City/State/Zip _____

Primary Phone (____)____-____ Secondary Phone (____)____-____

E-Mail _____

Please note that E-Mail is the default method of communication, unless you tell us otherwise.

In case of emergency or illness please contact:

Name _____

Primary Phone (____)____-____ Secondary Phone (____)____-____

Payment of the annual dues of **\$150.00** can be by check made payable to:
ICLRU, and mailed to:

Institute for Continued Learning at Roosevelt University
1400 N. Roosevelt Boulevard, Room 705
Schaumburg, Illinois 60173-4348
Phone: 224-523-6497 Email: officemanager@iclru.org

**NOTE CENTER HOURS IF YOU PLAN TO DELIVER IN PERSON:
MON-THU 11:30 am to 1:00 pm**

Or pay by credit card: ___ VISA ___ MasterCard ___ Discover

Card # _____ Exp. Date: _____

Authorized Sign: _____ Security Code: _____

Please Complete the Next Page

We would appreciate it if you would list your interests, hobbies and experiences, so we can better develop programs for our members.

Have you ever attended Roosevelt University? Yes No (circle one)

Please share your work experience, hobbies and recreational interests:

Please indicate your areas of interest to help us develop programs by circling what applies.

Architecture	Economics	Music	Speech
Art	Film	Philosophy	Travel
Computers	History	Psychology	Other:
Creative Writing	Languages	Religion	_____
Current Events	Literature	Science/Math	_____
Drama	Museums	Short Stories	_____

How did you first learn of the Institute for Continued Learning? (Circle one)

From an ICL member	Newspaper	Library	ICL Display
Friend's recommendation	Radio or TV	Mailing	Other:
Community Organization			_____

Would you like us to send information on the ICL to a friend?
If yes, please fill in his/her name and address below.

PLEASE CONTINUE TO NEXT PAGE

ICLRU Photo Release Form

Institute for Continued Learning
At Roosevelt University
1400 N. Roosevelt Blvd. Room 316
Schaumburg, IL 60173-4348

Permission to Use Photograph

I grant the Institute for Continued Learning at Roosevelt University (ICLRU) the right to take photographs of me in connection with study groups and events conducted or sponsored by ICLRU. I authorize ICLRU to copyright, use and publish the same in print and/or electronically.

I agree that ICLRU may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Address _____

Date _____