



The Association of Lifelong Learners
all@alpenacc.edu

Membership Form

July 1, 2025 through June 30, 2026

Name* (1): _____ M or F (Please circle one) Birth Year: _____

Name* (2): _____ M or F (Please circle one) Birth Year: _____

Address*: _____ City*: _____ State*: _____ Zip*: _____

Phone*: _____ County of Residence: _____ E-mail Address: _____

I elect to receive ALL membership information at the above email address, instead of U.S. Mail. Please check here: ☐

\$60 per individual ☐ Renewal: ☐ New: ☐

*-Please Complete Required Information

What influenced you to become an Association of Lifelong Learners member? Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Program Offerings |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Attended previous programs as a guest. |
| <input type="checkbox"/> Publicity (Newspaper, radio/television) | <input type="checkbox"/> Other _____ |

What types of programs interest you? : _____

Is there a Program you would be willing to present? If yes, Subject: _____

RELEASE OF LIABILITY

I acknowledge that there are risks associated with my participation in these activities, including, but not limited to, those associated with travel, transportation or vehicular traffic, climate, weather or other natural phenomena, accidents, my own actions, or the actions of others. I understand that these risks may result in serious illness, injury, or death. I hereby accept and assume all such risks for being allowed to participate in any activity I do freely and voluntarily for my own benefit. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns to:

- Waive, release, and discharge from any and all liability The Association of Lifelong Learners and Alpena Community College, their elected and appointed officials, employees, students, agents, and volunteers for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me, including while traveling to, from and during these activities.
- Indemnify and hold harmless The Association of Lifelong Learners and Alpena Community College, their elected and appointed officials, employees, students, agents, and volunteers from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in these activities.
- I further understand that I must have my own health and accident insurance and that The Association of Lifelong Learners and Alpena Community College are not and will not be responsible for any such costs that may accrue to me.
- I agree and consent to the use of photographs, videos, and articles for purposes of publicity by the Association of Lifelong Learners and waive claims for compensation or damages.

Signature*: _____ Date: _____

Signature*: _____ Date: _____

Please complete, sign, and return this form to The Association of Lifelong Learners, 665 Johnson Street, Alpena, MI 49707
For more information, call ALL @ (989) 358-7207~~ website at www.associationoflifelonglearners.org.