

# STOCKTON INSTITUTE FOR CONTINUED LEARNING (SICL)

To become a member of the Delta College lifelong learning program for the Fall 2009 term, mail this application and short questionnaire with your \$25.00 check made payable to SJDC--SICL, OR register Saturday, August 29, 10 AM – 1 PM in Locke Lounge. When you register in person on August 29 you will receive a parking permit and membership card. If you're renewing, please wear your membership badge.

Bring this completed form to registration or mail it to:

SICL, P. O. Box 7314, Stockton, CA 95267-0314.

If you register by mail, you will receive your parking permit, membership card, and badge in approximately two to three weeks. Sorry, we cannot mail these items, so plan to pick them up on campus.

You may also register by attending any class during fall term 9/8 – 11/20. The location, days and times of classes are posted on the bulletin board on the north wall of Holt 123. To complete registration, contact a class host who will accept your application and give you a parking permit, membership card, and name badge. There are no registration refunds.

Citations begin August 24, but parking is free on Saturdays, including registration day, August 29. Daily parking permits may be purchased for \$1.00 (in quarters) from the dispensers in each parking lot.

## SICL MEMBERSHIP APPLICATION – *Please Print*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

Where did you learn about SICL? \_\_\_\_\_

Are you a new member? Yes \_\_\_\_\_ No \_\_\_\_\_ Birthday: Month \_\_\_\_\_, Day \_\_\_\_\_

When did you first join SICL? \_\_\_\_\_ How many new SICL members did you bring this semester? \_\_\_\_\_

Do you need a SICL badge? Yes \_\_\_\_\_

Do you want your contact information included in a new SICL membership roster? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you want to receive notice of the SICL newsletter by email? Yes \_\_\_\_\_ No \_\_\_\_\_

SICL is a volunteer operated organization. On which COMMITTEE(S) would you like to participate?

Curriculum ( )    Historian ( )    Hospitality ( )    Mailing ( )    Membership ( )  
Newsletter ( )    Publicity ( )    Tours ( )    Technology and Web Page ( )

Would you coordinate or teach a class? Yes ( )

What subject? \_\_\_\_\_

Comments: \_\_\_\_\_

Who should we contact if you have an emergency?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Under the auspices of the San Joaquin Delta College Foundation and  
Workshops and Programs for Adults

