

Cariboo Chilcotin
ELDER COLLEGE

Website: www.weldercollege.ca

COURSE REGISTRATION AND MEMBERSHIP FORM

(please print clearly)

Surname First Name

Address Postal Code

Contact Information/Telephone Email

List all the courses you wish to take:

Registrar's
Initials

1) Course Name: _____ Fee: \$ _____

2) Course Name: _____ Fee: \$ _____

3) Course Name: _____ Fee: \$ _____

4) Course Name: _____ Fee: \$ _____

5) Course Name: _____ Fee: \$ _____

6) Course Name: _____ Fee: \$ _____

Course Fee Total: \$ _____

Membership Fee 2023 \$ 10.00

TOTAL PAYABLE \$ _____

x _____
Student signature required Cariboo Chilcotin Elder College (Cashier)

You agree to be bound by the Rules contained in the "Fine Print" found on the reverse of this form.

Would you consider volunteering for Elder College in some capacity? If YES please select your area of interest:

Committee Member: _____

Course Instructor: _____

Course Coordinator: _____

I will help out as required: _____

Or tell us what you would like to do: _____

(Please turn over)