MEMBERSHIP DUES & SURVEY - New Membership Cards

It's time to renew your membership for 2019.

We depend on your yearly membership fees to get us through the year. We would like to continue to provide the quality programs that make our Center unique to you and all who enter our doors.

If you are not a member, please continue to come to the Center to see what we offer. If you are unsure of joining, when you visit, we ask that you please contribute \$5.00/per class,\$10.00 per lecture/concert.

Membership dues includes all programs. Payment options: () One year membership \$180	
() One year membership \$180	
() Half Year Membership \$90 (January – June & July – December 2019)	
Or \$15/month	
() Circle of Friends \$300 (includes membership)	
() Tribute Fund \$1000 (includes family membership & name on plaque)	
If this membership is a hardship, please see the Director when you visit the center.	
PLEASE PRINT AND PROVIDE ALL THE INFORMATION, SO WE DON'T PUT THE WRON	G
INFORMATION INTO OUR SYSTEM.	
NAME/S	
ADDRESS	
CITY/ZIPE-MAIL	
Please make checks payable to CALE	
() Check () Mastercard () Visa () Discover () American Express	
Credit Card NumberExpiration Date	-6
SignatureSecurity Code	
Center for Adult Life Enrichment, 37 East Rockaway Road, Hewlett, New York 11557.	
(In a few weeks after your payment is sent, please go to front desk to pick up your 2019 membership of	ard.)
the state and year payment is sent, please go to front desk to pick up your 2019 membership of	,

Membership Satisfaction Survey for Center for Adult Life Enrichment 2019

The purpose of this survey is for you, our member(s) and non-members to give me, the staff and Advisory Council, your important feedback on the services we are providing. This information will help us learn what we are doing right and where we need to improve. You will have the opportunity to give suggestions (confidentially) on programs and activities, so that we can do our best to provide you with quality programming and services in the future.

We thank you for your loyal patronage and valued input.

Please fill out all information and return this sur- provided to our office. Thank you for your assist	vey as soon as tance in compl	feasibly poss eting this form	ible in the envelope i. (Please check)
1. Demographic information: Age: 55-75			8 8
2. How long have you been a member of the Center?			
3. MaleFemale			
4. My favorite activities or programs at the cent	er are:		
			i aproari is 10 februari
5. I feel we have a variety of different activities	at the center:		
a) most of the time b)sometimes	c) need to be i	improved	
6. The times of the activities/programs at the ce	enter are good	for me to atte	nd:
a) most of the time b) sometimes			
7. I would like more of this activity/activities (da	ays/times) at th	ne center:	
	- 17/ 1 ±	U to the	199 (F. 1994)
8. Would like to volunteer at the center to be compared to the center to th	ryComput		ing skills
Your Special Skill description:			
Day's availableTir			
9. I am satisfied most of the time with the activit YesNoComments/Suggestions			
10. What "new" programs would be interested	in or like to se		
11. I regularly go on trips that the center has an			
a) most of the time b) some of the time	ne c) co	ould be improv	/ed
Comments/suggestions			
I would like the following trips			
9. Do you think that the membership fee is prev YesNoIf not rejoining why?	enting new me	embers from j	oining the Center?