

Highlands-Cashiers
Center for **Life Enrichment**
2025 MEMBERSHIP FORM

MEMBERSHIP IN THE NAME OF (PLEASE INCLUDE SPOUSE/PARTNER):

PHONE: _____ **EMAIL:** _____

WINTER ADDRESS:

SUMMER ADDRESS:

CITY: _____

CITY: _____

STATE: _____ **ZIP:** _____

STATE: _____ **ZIP:** _____

**YES, PLEASE START OR RENEW MY MEMBERSHIP SO THAT I CAN
RECEIVE REDUCED PRICING FOR CLE PROGRAMS!**

CHANCELLOR \$5,000
(MEMBERSHIP INCLUDES ALL EVENTS FREE OF CHARGE,
EXCEPT DOMESTIC & INTERNATIONAL TRIPS)

DEAN \$4,000
(MEMBERSHIP INCLUDES ALL \$30 LECTURES FREE)

CHAIRMAN \$2,500
(MEMBERSHIP INCLUDES 8 FREE \$30 VALUE LECTURES)

PRESIDENT \$1,000
(MEMBERSHIP INCLUDES 6 FREE \$30 VALUE LECTURES)

PATRON \$500
(MEMBERSHIP INCLUDES 4 FREE \$30 VALUE LECTURES)

BENEFACTOR \$250
(MEMBERSHIP INCLUDES 2 FREE \$30 VALUE LECTURES)

FRIEND \$100
(MEMBERSHIP INCLUDES 1 FREE \$30 VALUE LECTURE)

FAMILY \$50
(ENTIRE HOUSEHOLD RECEIVES MEMBERSHIP PRICING ON
LECTURES/EVENTS)

INDIVIDUAL \$35
(MEMBERSHIP PRICING FOR ONE INDIVIDUAL)

PAYMENT METHOD:

CHECK ENCLOSED VISA/MC/AMEX

By completing the information below, I authorize CLE to charge my credit card for the above membership fees

NAME ON CARD:

CREDIT CARD#

EXP DATE _____

**SEC CODE (3 OR 4
DIGITS)** _____

BILLING ZIP _____