irp@newschool.edu
212.229.5682

Institute for Retired Professionals
66 West 12th Street
New York, NY 10011
www.irp.newschool.edu

MEMBERSHIP APPLICATION

For IRP Office Use Only

Name (please print)

Address

City | State | Zip Code

Telephone | Fax | Email

Career and employment information:

Job title (most recent) | Organization | Dates

Job title | Organization | Dates

Job title | Organization | Dates

Reason for retirement | Effective date

Education:
In chronological order, describe formal education: include names of institutions, dates attended, degrees, and major field of study.

Institution (most recent) | Major

Institution | Major

Institution | Major

Informal education: continuing education, hobbies, and educational travel.

(over please)

Volunteer activities and community involvement (include dates):

_____

_____

_____

If you have any teaching, supervising, or group leadership experience, please describe:

_____

_____

_____

I would like to be included in the operation of the IRP
_____ in a leadership role
_____ as a study group coordinator
_____ in an administrative capacity, e.g. curriculum, membership, etc.
_____ other (please describe): _____

How did you learn about the IRP?

_____

Personal statement: Please write a paragraph about why you wish to become a student in the IRP, what areas of learning or specific topics you are interested in pursuing, your expectations of the program, and how you believe you can contribute to the program. Or, if you wish, you may write about a recent learning experience. If you need more room, continue on a separate sheet and attach it to the application.

_____

_____

_____

_____

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_____

I understand the information supplied in connection with this application may be used for statistical purposes and administrative purposes.

_____

Signature Date

IRP 12/2006