

# FALL 2017 BULLI MEMBERSHIP AND REGISTRATION FORM

Mail to: Center for Lifetime Study, 500 Washington Street #115, Gainesville GA 30501

Please use black ink. Print clearly. Please complete payment information.

## Step 1: BULLI Membership Information:

Note: A current 2017-2018 BULLI membership is required to enroll in BULLI courses or belong to special interest groups.

- New Member
  Gainesville  
 Returning Member \*
  Braselton  
 \*New Email or address? \_\_\_ Yes \_\_\_ No

Name \_\_\_\_\_ Date \_\_\_\_\_

Preferred name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## Step 2: Fall 2017 Course Registration:

Please list course preferences in order of priority and indicate an alternate course in case a course is filled.

Location: **G – Gainesville B – Braselton**

| Priority         | Location | Course Title | Course Cost |
|------------------|----------|--------------|-------------|
| 1                |          |              | \$          |
| 2                |          |              | \$          |
| 3                |          |              | \$          |
| 4                |          |              | \$          |
| 5                |          |              | \$          |
| 6                |          |              | \$          |
| <b>Alternate</b> |          |              | \$          |

Membership fee \$ 135.00

Course Registration Subtotal \$ \_\_\_\_\_

TOTAL DUE (Membership Subtotal, if applicable + Course Subtotal) \$ \_\_\_\_\_

## Step 3: Payment Information: Your payment information **MUST** accompany this form.

- Enclosed check (Made payable to **Brenau University LLI**). Check # \_\_\_\_\_  
 Credit Card We accept VISA, MasterCard and Discover. (Credit card information not retained.)

Please charge my:      VISA                  MasterCard                  Discover  
(Circle one)

Credit card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name on card \_\_\_\_\_ Amount to be charged \_\_\_\_\_

Cardholder signature \_\_\_\_\_