

## BULLI Fall 2020 Course Registration PLEASE PRINT

Please complete and review all parts of this form (except where indicated for BULLI Office use only). Unsigned, incomplete or illegible forms will be returned without being processed.

**Register**

**Registration is open through August 28.**

NOTE: We are not accepting forms in person at the BULLI House. Please submit forms via email or postal mail to the addresses provided.

**EMAIL**

You may email your form to **hbrand@brenau.edu**.

**POSTAL MAIL**

Center for Lifetime Study  
500 Washington St. SE #115  
Gainesville, GA 30501

Are you a  **new member**, or a  **renewal**?

Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_

Preferred phone \_\_\_\_\_ Cell \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

**DISCLAIMERS:**

DIRECTORY: Routinely, we publish a directory so members can contact each other. If you DO NOT want your contact information listed, check here:

PHOTO POLICY: Staff often takes photographs for use in materials promoting BULLI. If you DO NOT want your photo used, check here that you agree to step aside when photos are being taken:

**We encourage our members to volunteer within the BULLI organization.** Please check those activities that you would like to know more about. (Please do not check areas in which you are already involved.)

- Class Assistant
- Membership & Marketing Committee
- Curriculum Committee
- Hospitality Committee
- BULLI Bards
- BULLI Hiking Club
- BULLI Reads
- BULLI Art Group
- Instructor — *Please indicate subject area:*

**Course Information**

Please list courses in order of preference and indicate an alternate course in case a course is filled.

Course Title	Online	Course Cost (\$30 or \$45)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
Alternate _____	_____	_____

**Payment**

Your check or your credit card information MUST accompany this form to be processed.

Course cost subtotal: \$ \_\_\_\_\_

Membership dues (\$135) \$ \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

Enclosed check made payable to: **Brenau University LLI**

Charge to my credit card:  Visa  Mastercard  Discover

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on card \_\_\_\_\_ Total amt of charge \_\_\_\_\_

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