

**Florida Atlantic University
Lifelong Learning Society/Broward
2007- 08 MEMBERSHIP APPLICATION**

1. Member Name: _____

2. Mailing Address* _____

City _____ State _____ Zip Code _____

*All FAU mail will go to this address. If you leave the area, please forward your mail.

3. Local Phone Number(s) _____

4. Out of State Phone Number _____

5. E-Mail Address (optional) _____

6. Contact Person In Case of an Emergency _____

7. Local Phone Number(s) _____

Annual Membership: \$30 – Valid for July 1, 2007 - June 30, 2008

Members are entitled to lower membership rates for programs offered at other FAU Campuses (FAU Boca Raton, Jupiter, Broward County, or Pt. St. Lucie)

To pay by check made payable to FAU/LLS, send it with this signed and completed form to:

FAU Lifelong Learning Society
111 E. Las Olas Blvd., #1109 J
Fort Lauderdale, FL 33301

To pay by credit card complete the section below and mail this form, completed and signed, to the address above or fax it to 954-762-5288.

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Name on Credit Card: _____

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I agree to terms set forth by the FAU Lifelong Learning Society and stated herein:

Signature _____