

New Member Application - Spring, 2021



Blue Ridge Center for
Lifelong Learning

Strengthen your mind, expand your knowledge and widen your horizons - join the Blue Ridge Center for Lifelong Learning (BRCLL) and take part in opportunities for education and enrichment through a variety of classes. BRCLL is committed to nurturing intellect and inspiring imagination. Adults 50 and older having an interest in the mission and activities of BRCLL can become a **LIFETIME** member for a one-time fee of \$70 for both seated and on-line classes or \$35 for on-line classes only. Membership benefits include a wide range of courses offered throughout the year and the BRCLL newsletter.

Make check payable to BRCC or fill out credit card information below and mail to:

**Blue Ridge Center for
Lifelong Learning
180 W. Campus Drive
Flat Rock, NC 28731**

Please Note: BRCLL respects your privacy and will not sell or share your email information with third parties. All information requested is required by the state for college records. The NC State Board of Community Colleges requires the following information for all students.

Name: _____

Address: _____

Email address: _____

Phone: _____

Birthdate: ____/____/____ Highest Level of Education: _____

Employment Status: ____ Retired ____ Full-time ____ Part-Time ____ Do Not Work

____ Yes, I would like to receive email updates and information from BRCLL.

____ I am interested in helping plan courses. Please contact me with information on the BRCLL Program Committee.

Help Us Plan - Member Profile

How did you hear about Blue Ridge Center for Lifelong Learning:

__ Social Media (Facebook, Twitter, etc.) __ Newspaper __ Radio __ Friend __ Other

Primary career field and expertise: _____

Would you be interested in teaching a class? _____ If yes, what subject? _____

PAYMENT INFORMATION

Total Amount Enclosed: \$ _____ Check _____ Cash _____ VISA _____ MC _____ AMEX

NOTE: Credit Card payments are not permitted by phone or fax. Form must be mailed in.

Card Number _____ - _____ - _____ - _____ Expiration Date ____/____ Security Code _____

Card Holder Name (Please Print): _____

Signature: _____