

REGISTRATION

Academy for Lifelong Learning

Please complete the form below and send to:
 Ocean County College
 Department of Continuing & Professional Education
 College Drive, PO Box 2001, Toms River, NJ 08754-2001
 Phone: (732) 255-0404 • Fax (732) 255-0461

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth (*required*): _____ Male Female

Telephone: _____

E-mail: _____

Course I.D.	Sec. No.	Day/Dates	Fee
Total			

Method of payment:

Check (Make checks payable to Ocean County College)

Credit card: Visa MasterCard Discover Amex

Credit card number: _____

Expiration date: _____

Name on card: _____

Signature: _____

PLEASE READ REFUND POLICY ON PAGE 27

MEMBERSHIP APPLICATION

Academy for Lifelong Learning

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Ocean County College

Department of Continuing & Professional Education
College Drive, PO Box 2001, Toms River, NJ 08754-2001

Phone: (732) 255-0404 • Fax (732) 255-0461

Check One: New Renewal

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth (Required): _____

Telephone: _____

E-mail: _____

If you live in an adult community, which one? _____

How did you hear about the Academy? _____

What topics or types of courses would you like to see offered?

\$10 Annual Membership Fee

Method of payment:

Check (Make checks payable to Ocean County College)

Credit card: Visa MasterCard Discover Amex

Credit card number: _____

Expiration date: _____

Name on card: _____

Signature: _____