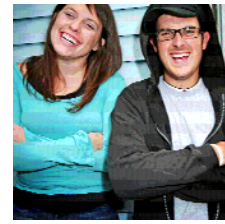


# Boston Center for Adult Education



## Registration Form

**MAIL**

**Boston Center for Adult Education**  
**5 Commonwealth Avenue**  
**Boston, MA 02116**  
**617-267-4430**

**FAX**

**617-247-3606 (credit card orders only)**

**IN PERSON**

**5 Commonwealth Avenue**  
 Mon. – Thu. 10:00 AM – 7:00 PM  
 Friday 10:00 AM – 5:00 PM

**122 Arlington Street**  
 Mon. – Thu. 10:00 AM – 6:00 PM  
 Friday 10:00 AM – 5:00 PM  
**CASH OR CHECK ONLY AT THIS LOCATION**

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_  
*Please make sure your contact information is accurate so we may reach you in the event of a change to your course schedule.*

\_\_\_\_\_ I AM A BCAE MEMBER! MEMBER # \_\_\_\_\_

COURSE CODE	QTY	START DATE	\$ _____
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COURSE CODE	QTY	START DATE	\$ _____
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COURSE CODE	QTY	START DATE	\$ _____
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COURSE CODE	QTY	START DATE	\$ _____
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\$ \_\_\_\_\_  
 COURSE TOTAL

### MEMBERSHIP INFORMATION

- \_\_\_ I would like to become a member
- \_\_\_ I am renewing my membership
- \_\_\_ I am upgrading my membership
- \_\_\_ I do not know my membership status

### MEMBERSHIP LEVEL

- Basic Membership (1 person) **\$75** \$ \_\_\_\_\_
- Premiere Membership (1 – 2 people) **\$125** \$ \_\_\_\_\_
- I would also like to make an additional gift to the BCAE \$ \_\_\_\_\_

\$ \_\_\_\_\_  
 MEMBERSHIP / GIFT TOTAL

*Membership is not required to take classes. Annual membership fees are tax-deductible as allowed by law. Memberships are non-refundable.*

### PAYMENT METHOD

\_\_\_ Please charge \$ \_\_\_\_\_ to my (circle one):  
 TOTAL AMOUNT DUE

\_\_\_ Check enclosed for \$ \_\_\_\_\_  
 TOTAL AMOUNT DUE

Visa      MasterCard      Discover      American Express

Please make checks payable to "BCAE"

Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Exp. Date

**My work zip code is** \_\_\_\_\_  
 This information is optional, but it sure would help us!