

Wesleyan Academy for Lifelong Learning (WALL)

Name _____

Address _____

City, State & Zip _____

Phone _____ E-Mail _____

PAYMENT INFORMATION:

Membership Fee:

Charter Member (\$135) I paid my fee in the Fall of 2022 (check here) or pay \$ _____

Annual Member (\$150) I paid in the Fall of 2022 (check here) or pay \$ _____

Semester member (\$80) January 2022 – May 2022 \$ _____

NEW MEMBERSHIP OPTION (\$45) TAKE ONLY A SINGLE COURSE \$ _____

Additional Tax-Deductible Contribution to Wesleyan College \$ _____

Specify either Annual Fund or WALL Scholarship

Total Amount Submitted: \$ _____

MEMBERSHIP FEES ARE NON-REFUNDABLE AND NON-TRANSFERRABLE

Courses:

The Macon Story

Fantasies of the Fifties, Four Golden Age Musicals and Their Fabulous Films

Jewish Holiday Music

Beautiful Beacons: GA Lighthouses

Russia and Europe

Buddhism and Confucianism

Evolutionary Biology

India: The Crown Jewel

Wesleyan's Collection of Rare Books and Documents

Great Decisions 2023, Section 1 @ Wesleyan (limit 20)

Quilling II

Great Decisions 2023, Section 2 @ Carlyle Place (limit 15)

Der Rosenkavalier

The Brilliance of Neil Simon

Jane Austen

Bronze- Church Bells & Cannons; Bonus week 4: Mid-18th Century Etiquette for Gentlemen and Ladies

Payment by check: Make check payable to Wesleyan College (include "WALL" on memo line)

Credit Card (Visa/MasterCard/Discover/AMEX) Card No. _____

Exp. date _____ CVV (3 or 4 code on back of card) _____

Payment by check: Make check payable to Wesleyan College (include "WALL" on memo line)

Mail this form to:

Wesleyan College

WALL Office

4760 Forsyth Road

Macon, GA 31210

A Charter member must have been a continuous charter member since Sept. 2011

A single course option member may upgrade to a full semester membership by paying an additional membership fee of \$35.

SIGN AND DATE WAIVER AND RELEASE OF LIABILITY (OVER)

Wesleyan Academy for Lifelong Learning (WALL)

Waiver and Release

I acknowledge my membership in the Wesleyan Academy for Lifelong Learning (WALL) and hereby assume any and all risks of bodily injury and/or property damage while I am participating in the program. I understand that, while the College takes reasonable measures to ensure personal safety and meets safety code requirements, the historic buildings and walkways can present uneven or slippery surfaces and other hazards associated with older structures.

In addition, the Georgia General Assembly recently passed SB359 in which educational institutions such as WALL are granted immunity from suits relating to COVID 19. WALL members attending class assume the risk associated with such participation.

For sole consideration of Wesleyan College allowing me to participate in the WALL Program, I hereby release and forever discharge Wesleyan College, WALL and their members individually and their officers, agents, and employees from any and all claims, demands, rights and causes of actions of whatever kind that I may have arisen from or in any way connected with my participation in the Program, absent gross negligence on behalf of Wesleyan College or WALL. WALL members attending class or who are otherwise on campus, assume the risk associated with such participation.

I certify that I have read and understood the above.

Signature

Print Name

Date

Send your completed registration form, signed waiver and credit card info/check to:

Wesleyan College
WALL Office
4760 Forsyth Road
Macon, GA 31210