



**City of South Fulton**  
**5440 Fulton Industrial Blvd.**  
**Atlanta, GA 30336**

## **South Fulton U Application**

### PERSONAL DATA

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last first middle*

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

### POINT OF CONTACT

Please print the name and phone number of a relative or friend to be used in the event of an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### GENERAL INFORMATION

Are you currently on a City of South Fulton board, commission or committee? If so, which?

Do you have any schedule conflicts that would cause you to miss more than two sessions? Please explain.

How did you learn about South Fulton U?

Please share three specific topics you would like to know more about:

Residents must be at least 18 years of age. Attendance at all nine sessions is required for graduation. Please return your completed application to [info@cityofsouthfultonga.gov](mailto:info@cityofsouthfultonga.gov).