

Registration: Winter 2014

Office Use Only	
Date Received	_____
Dues Chk	_____ CC
Spec Chk	_____ CC
Spec Chk	_____ CC
FOLLICHk	_____ CC

Membership Data

Please Print

Check this box if there are changes since your last submission.

Check this box if you DO NOT wish to appear in the directory.

Dr. Mr. Mrs. Ms. (CIRCLE ONE) _____
LAST NAME PREFERRED FIRST NAME MI

Address _____
STREET CITY STATE 9-DIGIT ZIP

Phone _____ - _____ - _____ Email _____ License Plate Number _____

Home Campus (where you normally attend classes) Fairfax (Tallwood) Reston (Lake Anne) Loudoun

Emergency Contact _____ Relationship _____ Phone _____ - _____ - _____

Registration Data

• Prioritize your selections! If you are willing to be a class liaison, please put a check in the Liaison column.

Number			Liaison	Course Title	Number			Special Event
1st priority					1st priority			
2nd priority					2nd priority			
3rd priority					3rd priority			
4th priority					4th priority			
5th priority					5th priority			
6th priority					6th priority			

The following courses and activities have additional fees. Check your selections below. Please include a check for the classes and special events chosen or check here to have them charged to your credit card:

- F901 Comfort Foods \$ 5 966 Bus Trip to Las Vegas and Southwestern Utah Parks \$ 98
 963 Muffin Mania \$ 6

Please check the appropriate box(es) below:

- My membership is current (address label dated 3/1/14 or later).
 My application to pay my annual membership fee by monthly installments has been approved and processed by the office.
 Enclosed is my
 New member fee (no date on address label) \$360 for full membership \$ _____
 Renewal fee (address label dated 1/1/2014 or earlier) \$360 for full membership, \$ _____
 Introductory fee toward full membership (no date on address label) \$150, OR **Continuation fee** \$250..... \$ _____
 Enclosed is my **Contribution to Friends of OLLI** \$ _____
 Check here if you **do not** want your name listed as a contributor in OLLI publications

Enclosed is a check payable to OLLI for this total.....\$ _____							
OR							
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover: Name as it appears on the credit card _____							
Credit Card Number				Expiration Date:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CVV Number : _____							

Turn in to the Tallwood office or mail to OLLI, 4210 Roberts Road, Fairfax, VA 22032.