Office Use Only Date Received Registration: Spring 2014 Dues Chk CC **Membership Data** ☐ Check this box if there are changes since your last submission. Spec Chk CC_ ☐ Check this box if you DO NOT wish to appear in the directory. Please Print Spec Chk CC Dr. Mr. Mrs. Ms. (CIRCLE ONE) FOLLIChk CC LAST NAME PREFERRED FIRST NAME Address _____ STATE 9-DIGIT ZIP Email License Plate Number Home Campus (where you normally attend classes) ☐ Fairfax (Tallwood) ☐ Reston (Lake Anne) ☐ Loudoun **Emergency Contact** Relationship **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: \Box **□** 986 A Visit to the Frontier Culture Museum in Staunton ☐ F703 Great Decisions 2014 \$ 22 \$ 45 ☐ 987 Historic Garden Week in Alexandria ☐ L707 Great Decisions 2014 \$ 22 \$ 70 ☐ 981 Matinee Idylls: Dancing Heart Ensemble \$ 43 ☐ 989 Bertolt Brecht's The Threepenny Opera \$ 53 ■ 982 Glenfiddich Farm Cookery School \$ 60 ☐ 990 Explore Virginia Wines \$ 60 ☐ 983 The Rover \$ 15 **□** 991 Brunch Murder Mystery \$ 25 **□** 984 John Hopkins University Museums \$ 57 ☐ 992 Bus Trip to Las Vegas and Southwestern Utah Parks \$ 98 **□** 985 Virginia Opera's *Carmen* \$ 68 Please check the appropriate box(es) below: \square My membership is current (address label dated 6/1/14 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) \$375 for full membership.......\$ Renewal fee (address label dated 3/1/2014 or earlier) \$375 for full membership,\$ Introductory fee (no date on address label) \$150\$ ☐ 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.....\$ ■ VISA ■ MasterCard ■ Discover: Name as it appears on the credit card ____ **Credit Card Number** Expiration Date: _____

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

CVV Number :