

Registration Form: Summer 2015

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

Membership Information:

- Check this box if there are changes since your last submission.
- Check this box if you DO NOT wish to appear in the directory.
- Check here if you want to be an anonymous donor to OLLI.
- Check here if you DO NOT want to receive paper catalog mailings.

Home Campus:

- (select nametag pickup location)
- Fairfax (Tallwood)
 - Reston
 - Loudoun

Please print and fill in all spaces completely.

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

Address _____, _____, _____
STREET CITY STATE ZIPCODE

Phone _____ Cell _____ Email _____ Lic Plate # _____

Emergency Contact _____ Relationship _____ Phone _____

Preferred User Name _____ **New member? How did you hear about OLLI?** _____
6 OR MORE CHARACTERS

Required Information: Please check ALL of the appropriate box(es) below:

- My membership is current (address label dated 9/1/15 or later).
 - My application to pay my annual membership fee by monthly installments has been approved and processed by the office.
 - Enclosed is my
 - Annual Member fee (no date on address label) \$375 for full membership..... \$ _____
 - Introductory fee (no date on address label) \$150..... \$ _____
 - Enclosed is my Contribution to Friends of OLLI..... \$ _____
- Total \$** _____

By signing this form, I agree to all OLLI policies and procedures, and waive OLLI liability for any bus trip on which I participate: _____

Signature

Registration Information:

Prioritize your selections! If you are willing to be a class liaison, put a check in the Liaison column. Be aware, some courses and events have fees associated with them. You will pay and complete your registration for these only when you are notified you are on the class list. Payments must be made within one week of notification of eligibility. See p. xx of course catalog for payment policy.

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

Payment Information:

- Enclosed is a check payable to OLLI
 - OR —
 - Please charge my VISA MasterCard Discover:
- Name as it appears on the credit card _____

OLLI is a Volunteer Run Organization.

- I am interested in volunteering at OLLI.
- I am interested in teaching at OLLI.
- My former career was in _____

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Expiration Date: _____