OLIT Degistration France M	1 2022		Date Received	
OLLI Registration Form: Win	Date Processed			
Mail completed form to: Osher Lifelong Learning Institute at George Mason University (write full name), 4210 Roberts Rd, Fairfax, VA 22032			Dues ChkCC	
oniversity (write fun fidnie), 4210 KODERS	Nu, i alliax, VA	1 22VJ2	Spec ChkCC	
Check box if there are changes in your membership inform	ation since your la	st submission.	Spec ChkCC	
Membership Information:			FOLLIChkCC	
Please print and fill in all spaces completely.			CC info destroyed	
Dr. Mr. Mrs. Ms. (CIRCLE ONE)		/		
Dr. Mr. Mrs. Ms. (CIRCLE ONE),,,				
Address,,,			/	
STREET Phone Cell	CITY Email	STATE	ZIPCODE	
Emergency Contact				
Preferred Member Portal User Name (for new members only) 6 OR MORE CHARA	ACTERS	LICENSE Plate # _		
Highest Education Level	-			
Mason Alumnus? 🗆 Yes 🔍 No		How Did You Lea	arn About OLLI?	
			Ad Dews Article	
Check box if you DO NOT want to appear in the direct	ory.	Flyer		
Check box if you DO NOT want to receive paper catalo			Retirement Seminar	
		· ·	ee 🛛 Social Media	
Home Campus: C Fairfax (Tallwood) Reston Lou	Idoun			
Dues and Donations Information (Please check the		xes below)		
Annual Membership (\$450) One year of unlimited cour	ses at OLLI.		*	
(Offered to new, renewing, and previous members) \$\$				
Special Winter 2023 Promotional Fee (\$300) One year (Offered to those new to OLLI who have never been me			in a	
year's hiatus, or were introductory members who have		•		
Annual Membership Discount for George Mason University	ity or Northern Vir			
(Offered to those who have never been an annual OLLI mem	,		\$	
Introductory Membership (\$150) One term of unlimite (Offered ONLY to new members, not renewing or previous)			¢	
 Charitable Donation for Friends of OLLI 			ېې	
Check if you want to be an anonymous donor.			\$	
Purchase OLLI eGift Card (enter at right the value you want on card)				
□ Mail eGift Card code to recipient □ Email eGift Card code to recipient \$				
Recipient's name, address, email:			Total ^{\$}	
By signing this form, I agree to all OLLI policies and procee	dures, and waive	OLLI liahility for a	-	
activity in which I participate:				
			_	
Signatur	e			
Payment Information:				
CHECK payable to Osher Lifelong Learning Institute		plan agreement:	see page 21 for information.	
Gift Card \$ and Redemption code				
I authorize OLLI to charge my Credit Card accoun				
VISA MASTERCARD DISCOVER AMERICAN EXPRESS				
Credit Card Number:		Expira	tion Date:	
			CVV:	
Signature:		Billing	g Zip Code:	

<u>COURSES REQUIRING PRIORITIZATION</u> Please include the entire course number including the F, L, R, and/or Z. See page 22 "Request Class" for instructions.

Priority Number	Course Number	Course Name
1st priority		
2nd priority		
3rd priority		
4th priority		
5th priority		
6th priority		
7th priority		
8th priority		
9th priority		
10th priority		
11th priority		
12th priority		
13th priority		
14th priority		

CLUB ENROLLMENT

List the clubs in which you wish to enroll.

ADD TO CART

Registration Instructions for All OLLI Offerings

Prioritize your selections for courses. See page 22 "Add to Cart" for instructions.