

Registration: Fall 2009

Office Use Only	
Date Received	_____
Dues Chk	_____ CC_____
Spec Chk	_____ CC_____
Spec Chk	_____ CC_____
FOLLICHk	_____ CC_____
Date Entered	_____

Membership Data

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

Please Print

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

Address _____, _____, _____
STREET CITY STATE 9-DIGIT ZIP

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

Emergency Contact _____ Relationship _____ Phone _____ - _____ - _____

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

If you are a new member, how did you hear about OLLI? _____

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:

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> R312 George Marshall | \$ 15.00 | <input type="checkbox"/> F961 <i>Ah, Wilderness!</i> | \$ 8.00 |
| <input type="checkbox"/> R313 Civil War in the Shenandoah Valley | \$ 59.00 | <input type="checkbox"/> F963 Tour of the Supreme Court | \$ 20.00 |
| <input type="checkbox"/> L318 World War to Cold War | \$ 25.00 | <input type="checkbox"/> F964 Tea Seminar and Tasting | \$ 5.00 |
| <input type="checkbox"/> L319 Civil War in the Shenandoah Valley | \$ 74.00 | <input type="checkbox"/> F966 Brass Rubbings | \$ 9.00 |
| <input type="checkbox"/> F953 Let's Spend a Day at the Zoo | \$ 22.00 | <input type="checkbox"/> F967 Lincoln's Washington City Bus Trip | \$ 22.00 |
| <input type="checkbox"/> F960 It Smiles Even in its Tears | \$ 24.00 | | |

Registration Data

- Prioritize your selections! If you are willing to be a class liaison, please put a check in the Liaison column.
- If you want to attend any session with an OLLI spouse or an OLLI friend, list your selections in the same order. (You may not both get in.)

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			

My membership is current (address label dated 1/1/10 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) \$350 for full membership, OR \$150 for Loudoun-only members..... \$ _____

Renewal fee (address label dated 9/1/09 or earlier) \$350 for full membership, OR \$150 for Loudoun-only members \$ _____

Introductory fee toward full membership (no date on address label) \$150, OR Continuation fee \$250 \$ _____

This introductory fee must be paid by check, and you must use the paper registration form rather than the online system.

Enclosed is my contribution to Friends of OLLI \$ _____

Check here if to you do not want your name listed as a contributor in OLLI publications

I am interested in receiving information about the financial assistance program.

Enclosed is a check payable to OLLI for this total.....\$ _____

OR

VISA MasterCard: Name as it appears on the credit card _____

Credit Card Number Expiration Date: _____