

# OLLI Registration Form: Winter 2019

Mail or hand deliver this completed form to:  
**OLLI, 4210 Roberts Road, Fairfax, VA 22032.**

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

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

## Membership Information:

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 \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Member Portal User Name \_\_\_\_\_ License Plate # \_\_\_\_\_  
(for new members only) 6 OR MORE CHARACTERS

**New member? How did you hear about OLLI?**

\_\_\_\_\_

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

Check here if you **DO NOT** want to receive paper catalog mailings.

## Home Campus/Where to Pick Up Nametag:

Fairfax (Tallwood)  Reston  Loudoun

## Dues and Donations Information (Please check the appropriate boxes below)

Redeeming an eGift Card? Print # here \_\_\_\_\_

Enclosed is my payment for:

**Annual Membership (\$435)** One year of unlimited courses at OLLI. \$ \_\_\_\_\_  
 (Offered to new, renewing, and previous members.)

**Introductory Membership (\$150)** One term of unlimited courses at OLLI. \$ \_\_\_\_\_  
 (Offered ONLY to new members, not renewing or previous members.)

**Add to Cart Fees** \$ \_\_\_\_\_  
 (If paying by check, separate check required for each purchase.)

**Contribution to Friends of OLLI** \$ \_\_\_\_\_  
 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 procedures, and waive OLLI liability for any bus trip on which I participate:*

\_\_\_\_\_

Signature

## Payment Information:

Enclosed is a CHECK payable to OLLI (**PREFERRED**)

Please charge my  VISA  MASTERCARD  DISCOVER:

Name as it appears on the credit card \_\_\_\_\_

Expiration Date:

**\*\* PROVIDE CLASS SELECTIONS ON REVERSE SIDE OF FORM \*\***

## COURSES REQUIRING PRIORITIZATION

Please include the entire course number including the F, L or R.

	Number	Course Title	Liaison		Number	Course Title	Liaison
1st priority				7th priority			
2nd priority				8th priority			
3rd priority				9th priority			
4th priority				10th priority			
5th priority				11th priority			
6th priority				12th priority			

## SPECIAL EVENTS REQUIRING PRIORITIZATION

Selections 950 and above without fees

	Number	Course Title	Liaison		Number	Course Title	Liaison
1st priority				7th priority			
2nd priority				8th priority			
3rd priority				9th priority			
4th priority				10th priority			
5th priority				11th priority			
6th priority				12th priority			

## ADD TO CART/FIRST-COME, FIRST-SERVED COURSES, EVENTS, and TRIPS

Select	Trip/Activity Title	Fee		Select	Trip/Activity Title	Fee
R807	Kundalini Yoga and Meditation	\$55		1103	Ice Cream Social	\$0
983	An Evening with Baayork Lee	\$15				
1101	Coffee and Conversation	\$0				
1102	Grab 'n' Go Coffee Klatch	\$0				

## CLUB ENROLLMENT

List the clubs in which you wish to enroll. Register once per calendar year; renew each winter term.


## Registration Instructions for All OLLI Offerings

- **Prioritize your selections** separately for prioritized courses and special events without fees.
- **For Add to Cart courses, trips or events with fees**, you must provide payment NOW by attaching a separate check or credit card information. Enter payment amount on the front of this form.