

Registration: Fall 2014

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

Membership Data

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

Please Print

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

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

Address _____
STREET
CITY
STATE
9-DIGIT ZIP

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

Home Campus (where you normally attend classes) Fairfax (Tallwood) Reston (Lake Anne) Loudoun

Emergency Contact _____ Relationship _____ Phone _____ - _____ - _____

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 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			

The following courses and activities have additional fees. Check your selections below. Please include a bank check for the classes and special events chosen or check the box here to have them charged to your credit card:

- | | | | |
|---|-------|--|-------|
| <input type="checkbox"/> F404 Public Speaking Tips and Techniques | \$ 5 | <input type="checkbox"/> 991 The Battle of Second Bull Run | \$ 38 |
| <input type="checkbox"/> F504 Latin II | \$ 5 | <input type="checkbox"/> 992 Hall of Human Origins Field Trip | \$ 32 |
| <input type="checkbox"/> F702 Great Decisions 2014 | \$ 20 | <input type="checkbox"/> 993 <i>The Mystery of Edwin Drood</i> | \$ 15 |
| <input type="checkbox"/> 988 Museum of the Shenandoah Valley | \$ 30 | | |

Please check the appropriate box(es) below:

- My membership is current (address label dated 1/1/15 or later).
- My application to pay my annual membership fee by monthly installments has been approved and processed by the office.
- Enclosed is my
- New member fee** (no date on address label) \$375 for full membership.....\$ _____
Renewal fee (address label dated 9/1/2014 or earlier) \$375 for full membership,\$ _____
Introductory fee (no date on address label) \$150\$ _____
- Enclosed is my **Contribution to Friends of OLLI**\$ _____
- 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.....\$ _____											
OR											
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover: Name as it appears on the credit card _____											
Credit Card Number	Expiration Date: _____										
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Turn in to the Tallwood office or mail to OLLI, 4210 Roberts Road, Fairfax, VA 22032.