

Registration: Winter 2015

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

Membership Data

Please Print

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

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			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				

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:

- R803 The Eight Ways of Tai Chi Chuan \$ 20
- R804 Gentle Yoga \$ 20
- F901 Sampling a World of Tastes and Temptations \$ 20
- 972 The Battle of Gettysburg Field Trip \$ 44

Please check the appropriate box(es) below:

- My membership is current (address label dated 3/1/15 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 1/1/2015 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

My total fees are	\$ _____																				
<input type="checkbox"/> Enclosed is a check payable to OLLI																					
OR																					
<input type="checkbox"/> Please charge my <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: _____																				
<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 25px; height: 25px;"></td> </tr> </table>																					

Turn in to the Tallwood office or mail to OLLI, 4210 Roberts Road, Fairfax, VA 22032.