

# Registration Form: Fall 2015

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

## Membership Information:

- Check this box if there are changes since your last submission.
- Check this box if you DO NOT wish to appear in the directory.
- Check here if you want to be an anonymous donor to OLLI.
- Check here if you DO NOT want to receive paper catalog mailings.

## Home Campus:

- (select nametag pickup location)
- Fairfax (Tallwood)
  - Reston
  - Loudoun

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 \_\_\_\_\_ Lic Plate # \_\_\_\_\_

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

Preferred User Name \_\_\_\_\_ **New member? How did you hear about OLLI?** \_\_\_\_\_  
6 OR MORE CHARACTERS

## Required Information:

Please check the appropriate box below:

- Enclosed is my **Annual Member fee**  
 (no date on address label or label dated 9/1/2015 or earlier) \$375 for full membership \$ \_\_\_\_\_
  - Enclosed is my **Introductory fee**  
 (one time ONLY, Not for previous members) \$150 \$ \_\_\_\_\_
  - Enclosed is my **Contribution to Friends of OLLI** \$ \_\_\_\_\_
- 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

## Ongoing Activities and First Come, First Served:

List the clubs and first come, first served courses and events for which you would like to register. For those with fees, pay at the time of registration. See p. 45 for payment policy.

Number	Liaison	Title

## Registration Information for Prioritized Courses and Special Events:

Prioritize your selections! If you are willing to be a class liaison, put a check in the Liaison column. Be aware, some courses and events have fees associated with them. You will pay and complete your registration for these only when you are notified you are on the class list. Payments must be made within one week of notification of eligibility. See p. 45 of course catalog for payment policy.

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			

## Payment Information:

- Enclosed is a CHECK payable to OLLI (*preferred*)
  - Please charge my  VISA  MasterCard  Discover:
- Name as it appears on the credit card \_\_\_\_\_

## OLLI is a Volunteer Run Organization.

- I am interested in volunteering at OLLI.
- I am interested in teaching at OLLI.
- My former career was in \_\_\_\_\_

Expiration Date: /