

Registration Form: Spring 2016

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

My former career was in _____

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.

New member? How did you hear about OLLI?

OLLI is a Volunteer Run Organization. Ready to help?

Not yet. Contact me later.

I am interested in volunteering at OLLI.

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Audiovisual | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Development | <input type="checkbox"/> Member Services | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Anything |

Home Campus/

Where to Pick Up Nametag:

- Fairfax (Tallwood)
 Reston
 Loudoun

Dues and Donations Information:

Please check the appropriate box below:

Enclosed is my payment for:

- Annual Membership (\$375)** 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)
- Contribution to Friends of OLLI** \$ _____
 Check if you want to be an anonymous donor to OLLI.
- First Come/First Served Class Fees** \$ _____
 (Pay each class with a separate check)

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: _____

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 OPPOSITE SIDE OF FORM **

Registration Instructions for Courses and Special Events

- Prioritize your selections separately for courses and special events!
- If you are willing to be a class liaison, put a check in the liaison column.
- **For prioritized courses/events with fees**, payment is required only after you are notified you are on the class list.
- **For first come, first served courses/events with fees**, you must provide payment NOW by attaching a separate check or credit card information. Enter payment amount on the other side of this form. See p. 47 for payment policy.

COURSES

Number	Liaison	Course Title	Number	Liaison	Course Title
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

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

CLUBS/ONGOING ACTIVITIES

List the clubs for which you would like to register.

Club Name	

**Mail Completed Registration Form to the Tallwood Office,
4210 Roberts Road, Fairfax, VA 22032.**