

# Registration Form: Winter 2017

Office Use Only	
Date Received	_____
Date Processed	_____
Dues Chk	_____ CC _____
Spec Chk	_____ CC _____
Spec Chk	_____ CC _____
FOLLICHk	_____ 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"/> Landscaping     | <input type="checkbox"/> Programs     |
| <input type="checkbox"/> Development | <input type="checkbox"/> Member Services | <input type="checkbox"/> Publications |
| <input type="checkbox"/> E-News      | <input type="checkbox"/> Mentoring       | <input type="checkbox"/> Teaching     |
| <input type="checkbox"/> Finance     | <input type="checkbox"/> Outreach        | <input type="checkbox"/> Anything     |
| <input type="checkbox"/> Hospitality |  |                                       |

## 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 (\$425)** 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 )
- First-Come, First-Served Class Fees** \$ \_\_\_\_\_  
 (Pay each class with a separate check)
- Contribution to Friends of OLLI** \$ \_\_\_\_\_  
 Check if you want to be an anonymous donor
- 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:

Expiration Date:   /

\*\* PROVIDE CLASS SELECTIONS ON REVERSE 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 or events with fees**, payment is required only after you are notified you are on the class list.
- **For first-come, first-served courses or events with fees**, you must provide payment NOW by attaching a separate check or credit card information. Enter payment amount on page 33. See page 35 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.**