

Registration Form: Spring 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"/> Hospitality | <input type="checkbox"/> Outreach | <input type="checkbox"/> Anything |
| <input type="checkbox"/> Development | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Programs | |
| <input type="checkbox"/> E-News | <input type="checkbox"/> Member Services | <input type="checkbox"/> Publications | |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Teaching | |

Home Campus/ Where to Pick Up Nametag:

- Fairfax (Tallwood)
 Reston
 Loudoun

Dues and Donations Information (Please check the appropriate boxes below)

- Redeeming an eGift Card? Print # here _____
- 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.
- Purchase OLLI eGift Card (enter at right the value you want on card)**
- Mail eGift Card code to recipient Email eGift Card code to recipient \$ _____
- Recipient's name, Address, Email: _____
- 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 my credit card: _____

 Expiration Date:

**** PROVIDE CLASS SELECTIONS ON REVERSE SIDE OF FORM ****