

OLLI Registration Form: Summer 2018

Mail or hand deliver this completed form to:
OLLI, 4210 Roberts Road, Fairfax, VA 22032.

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

New member? How did you hear about OLLI?

- 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.

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.)
 - Add to Cart Fees** \$ _____
(If paying by check, separate check required for each purchase.)
 - 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:

Signature

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 REVERSE SIDE OF FORM **