



**OSHER LIFELONG LEARNING INSTITUTE  
AT GEORGE MASON UNIVERSITY**



**MEMBERSHIP DUES INSTALLMENT PLAN AGREEMENT**

As a convenience for members, OLLI Mason offers two installment options for paying \$450.00, the full amount of annual dues.

1. Monthly installment plan of **12 equal payments of \$37.50**. Automated payments will occur on the 5<sup>th</sup> of each month.
2. Quarterly installment plan of **4 equal payments of \$112.50**. Automated payments will occur on January 5, April 5, July 5 and October 5. Payment start date depends on the term of enrollment.

Installments are payable with a credit or debit card. Visa, MasterCard or Discover cards are accepted. A receipt will be emailed after each payment is processed.

**Initial ALL of the following statements:**

\_\_\_\_\_ I acknowledge that I am responsible for the full payment of \$450.  
*Initial*

\_\_\_\_\_ In the event of any problem with my credit/debit card account, I agree to pay the full  
*Initial* remaining balance of my annual dues, including applicable fees for processing or collection within 30 days of notification by OLLI. OLLI cannot refund any dues payments unless qualified under OLLI policies (see catalog) and will expect the full year's payments even in the event of a move or other change in circumstances.

\_\_\_\_\_ I understand that I must receive approval of this agreement prior to registration  
*Initial* for any OLLI activities, which will come by way of an email of a transaction receipt generated by the registration system.

**Initial ONE of the following options**

\_\_\_\_\_ I authorize OLLI to charge \$37.50 per month for a full year (12 payments) from the  
*Initial* credit/debit card account number listed below.

\_\_\_\_\_ I authorize OLLI to charge \$112.50 per quarter for a full year (4 payments)  
*Initial* from the credit/debit card account number listed below

I, the undersigned, have read and understand the Installment Plan Agreement and agree to abide by the initialed and acknowledged requirements therein.

**Full Name** (printed): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Credit Card Number** \_\_\_\_\_ **Ex. Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Return this completed form to: OLLI Registrar, 4210 Roberts Rd., Fairfax, VA 22032**