



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 5th 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. OLLI cannot refund dues
Initial payments unless qualified under the following OLLI policy;

Members may only obtain a refund of their dues by applying in writing to the executive director before the beginning of the third week of classes in the first term after enrollment or re-enrollment. We cannot honor proration or reimbursement requests after this deadline and will expect the full year's payments even in the event of a move or other change in circumstances. Members are advised that OLLI's quality programming is presented in-person unless circumstances require that some or all of it be presented remotely, such as via ZOOM technology.

_____ 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.

_____ 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, PO Box 4088., Fairfax, VA 22038