Office Use Only Date Received Registration: Summer 2014 Dues Chk CC **Membership Data** Spec Chk CC_ ☐ Check this box if there are changes since your last submission. Spec Chk Please Print ☐ Check this box if you DO NOT wish to appear in the directory. CC Dr. Mr. Mrs. Ms. (CIRCLE ONE) FOLLIChk LAST NAME PREFERRED FIRST NAME Address _____ STATE 9-DIGIT ZIP Email License Plate Number Home Campus (where you normally attend classes) ☐ Fairfax (Tallwood) ☐ Reston (Lake Anne) ☐ Loudoun **Emergency Contact** Relationship **Registration Data** Prioritize your selections! If you are willing to be a class liaison, please put a check in the Liaison column. Number Liaison **Course Title Special Event Title** Number 1st priority 1st priority 2nd priority 2nd priority 3rd priority 3rd priority 4th priority 4th priority 5th priority 5th priority 6th priority 6th priority The following courses and activities have additional fees. Check your selections below. Please include a bank check for the classes and special events chosen or check the box here to have them charged to your credit card: \Box **□** 955 The Supreme Court 951 National Portrait Gallery Tour \$ 15 \$ 15 **□** 956 Walters Art Museum, Baltimore ☐ 952 Overnight Visit to Staunton (Double Occupancy) \$147 \$ 32 \$ 76 ☐ 953 Overnight Visit to Staunton (Single Occupancy) \$215 **□** 957 Tall Ships in Baltimore Harbor ☐ 954 Opera at Castleton: Madame Butterfly \$ 75 Please check the appropriate box(es) below: ☐ My membership is current (address label dated 9/1/14 or later). My application to pay my annual membership fee by monthly installments has been approved and processed by the office. ☐ Enclosed is my New member fee (no date on address label) \$375 for full membership......\$ Renewal fee (address label dated 6/1/2014 or earlier) \$375 for full membership,\$ Introductory fee (no date on address label) \$150\$ ☐ Check here if you **do not** want your name listed as a contributor in OLLI publications Enclosed is a check payable to OLLI for this total.....\$ ■ VISA ■ MasterCard ■ Discover: Name as it appears on the credit card ____ **Credit Card Number** Expiration Date: _____

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