

# Registration: Spring 2015

Office Use Only	
Date Received	_____
Date Processed	_____
Dues Chk	_____ CC
Spec Chk	_____ CC
Spec Chk	_____ CC
FOLLIChk	_____ CC

## Membership Information:

- Check this box if there are changes since your last submission.
- Check this box if you DO NOT wish to appear in the directory.
- Check here if you want to be an anonymous donor to OLLI.
- Check here if you DO NOT want to receive paper catalog mailings.

## Home Campus:

- (select nametag pickup location)
- Fairfax (Tallwood)
  - Reston
  - Loudoun

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 \_\_\_\_\_ Lic Plate # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Preferred User Name \_\_\_\_\_ **New member? How did you hear about OLLI?** \_\_\_\_\_  
6 OR MORE CHARACTERS

## Required Information: Please check ALL of the appropriate box(es) below:

- My membership is current (address label dated 3/1/15 or later).
  - My application to pay my annual membership fee by monthly installments has been approved and processed by the office.
  - Enclosed is my
    - Annual Member fee (no date on address label) \$375 for full membership..... \$ \_\_\_\_\_
    - Introductory fee (no date on address label) \$150..... \$ \_\_\_\_\_
  - Enclosed is my Contribution to Friends of OLLI..... \$ \_\_\_\_\_
- Total \$** \_\_\_\_\_

By signing this form, I agree to all policies in the course catalog, including the refund policy.

Signature: \_\_\_\_\_

## Registration Information:

- Prioritize your selections! If you are willing to be a class liaison, please put a check in the Liaison column. Please be aware, some courses and events have fees associated with them. You will pay and complete your registration for these only when you are notified you are on the class list.

Number Liaison			Course Title	Number Liaison			Special Event Title
1st priority				1st priority			
2nd priority				2nd priority			
3rd priority				3rd priority			
4th priority				4th priority			
5th priority				5th priority			
6th priority				6th priority			

## Payment Information:

- Enclosed is a check payable to OLLI
- OR —
- Please charge my  VISA  MasterCard  Discover:
- Credit Card Number Expiration Date: \_\_\_\_\_

## OLLI is a Volunteer Run Organization.

- I am interested in volunteering at OLLI
- I am interested in teaching at OLLI
- My former career was in \_\_\_\_\_

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