

Registration Form: Fall 2017

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

My former career was in _____

☐ 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.

New member? How did you hear about OLLI?

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 ****

COURSES

Please include the entire course number including the “F”, “R” or “L.”

Number	Course Title	Liaison	Number	Course Title	Liaison
1st priority			7th priority		
2nd priority			8th priority		
3rd priority			9th priority		
4th priority			10th priority		
5th priority			11th priority		
6th priority			12th priority		

SPECIAL EVENTS

Selections 950 and above without fees

Number	Course Title	Liaison	Number	Course Title	Liaison
1st priority			7th priority		
2nd priority			8th priority		
3rd priority			9th priority		
4th priority			10th priority		
5th priority			11th priority		
6th priority			12th priority		

FEE BASED COURSES/TRIPS

“Add to Cart”

If Paying By Check, Separate Checks Are Required For Each

CLUB ENROLLMENT

“Add to Cart”

Registration Requested Once Each Calendar Year

Purchase	Trip/Activity Title	Fee	Club Name
F702	Great Decisions	\$24	
R812	Gentle Yoga	\$80	
R813	Gentle Yoga	\$60	
F901	Mason Faculty Club Series	\$33	
F902	Mason Faculty Club Series	\$33	
954	Fall for the Book: Jane Austen Teatime	\$15	
957	Tomato and Salsa Tasting	\$10	
975	Foods & Feasting in Shakespeare’s Comedies	\$30	
992	Wining & Dining in the Virginia Countryside	\$77	
993	Bus trip: Luray Caverns/Museum/Mimslyn Inn	\$78	
994	US Capitol Tour	\$27	
1101	Caffè e Dolci Italiani (Italian Delights)	\$6	
1106	Italian Lunch at Pieros’ Corner	\$30	
1107	Annual Holiday Party	\$38	

Registration Instructions for All OLLI Offerings

- **Prioritize your selections** separately for courses and special events without fees.
- **“Add to Cart” courses, trips or events with fees**, you must provide payment NOW by attaching a separate check or credit card information. Enter payment amount on page 55. See page 53 for payment policy.