

# OLLI Registration Form: Fall 2019

Mail or hand deliver this completed form to:  
OLLI, 4210 Roberts Road, Fairfax, VA 22032.

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

New member? How did you hear about OLLI?

\_\_\_\_\_

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.

## 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 (\$435)** 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 \*\*