

OLLI AT UMASS BOSTON MEMBERSHIP FORM SPRING 2024

Last Name _____ First Name _____
 Address _____
 City, State _____ Zip _____
 Primary Phone (_____) _____ Cell Phone (_____) _____
 Email _____
 Emergency Contact _____ Phone (_____) _____

MEMBER PROFILE

We **require** your responses to the following questions, which will be used for statistical purposes only. This information will help us to better serve our members.

How did you hear about OLLI? _____

Gender Male Female

Year of Birth _____ (required)

College Degree Yes No

UMass Boston Alumnus/a Yes No

Do you consider yourself to be retired? Yes No

Current/Former Occupation _____

Would you be interested in facilitating a course?
 Yes No

What topic(s)? _____

Are you a new member? Yes No

Ethnicity Black/African/Caribbean
 Caucasian Chinese
 Hispanic Korean
 Native American Vietnamese
 Other _____

ORDER INFORMATION

I would like to become an OLLI member. AMOUNT
 (Make a in the box below.)

Full Membership { \$225 per person
 \$425 for two living
 in the same household _____

Associate Membership (\$100 per person) _____
 (does not include courses)

TOTAL _____

**Membership is valid for one year
and expires January 2025.**

For Office Use Only

Date Received: _____
 Payment Information: _____
 Membership Expiration: _____
 Membership ID#: _____
 Notes: _____

PAYMENT INFORMATION

For Credit Card Payment VISA MasterCard Discover

Name on Card _____
 Card Number _____
 Expiration Date _____
 Amount to be Charged _____
 Signature _____

Please make checks payable to
 "OLLI/UMass Boston" and return this form to
**OLLI, McCormack Hall, 3rd Floor, UMass Boston,
 100 Morrissey Blvd., Boston, MA 02125-3393.**

*Annual membership dues must be paid in full
 at the time of course registration and are
 non-refundable after **March 29, 2024.***