

OLLI AT UMASS BOSTON

MEMBERSHIP FORM FALL 2023

Last Name _____ Preferred First Name _____

Please note any changes to any of the contact information since you last renewed your membership. If no changes, you can leave blank.

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? _____

Would you be interested in facilitating a course?

Gender ☐ Male ☐ Female

☐ Yes ☐ No

What topic(s)? _____

Year of Birth _____ (required)

Are you a new member? ☐ Yes ☐ No

College Degree ☐ Yes ☐ No

Ethnicity

☐ Black/African/Caribbean

UMass Boston Alumnus/a ☐ Yes ☐ No

☐ Caucasian

☐ Chinese

Do you consider yourself to be retired? ☐ Yes ☐ No

☐ Hispanic

☐ Korean

Current/Former Occupation _____

☐ 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 June 2024.**

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 **September 29, 2023***