

OLLI Office Use Only

Date \_\_\_\_\_ Receipt # \_\_\_\_\_ Decal # \_\_\_\_\_  
 Ck# \_\_\_\_\_ CC(type) \_\_\_\_\_ CC(last4) \_\_\_\_\_ ExpDate \_\_\_\_\_ Amount \_\_\_\_\_

# 2017 MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_  Yes, Please text me Alerts

City/ST/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please check:  Mail catalog to my primary address  I'll pick up at OLLI office  No paper catalog needed

**MEMBERSHIP FEE\* \$40 / YEAR (365 DAYS FROM TODAY)**

\*Membership is open throughout the year and is renewed annually. Membership allows you to register for courses, receive OLLI communications and be eligible for USCB/OLLI privileges.

Please Complete

**How did you learn about OLLI?**

- Friend
- Media/Ad
- Website
- Other \_\_\_\_\_

**What expertise are you willing to share with OLLI through volunteering?**

- Teach a course (subject \_\_\_\_\_)
- Curriculum Planning
- Membership/Marketing
- Donor Fundraising Events
- Proofreading/Writing
- Clerical/Office Assistant
- Other (list \_\_\_\_\_)

**CONSIDER MAKING A TAX DEDUCTIBLE GIFT TO OLLI:**

OLLI Building Capital Campaign - Bluffton	_____
OLLI Garden Project	_____
OLLI Lowcountry Band	_____
OLLI Operations	_____
Membership:	\$40
<b>Total:</b>	_____

**Accepted payment methods: cash, checks (made payable to USCB/OLLI) or credit card (Visa, MasterCard, Discover, American Express). If paying by Credit Card, please fill out below.**

Name - as it appears on card (Please Print) \_\_\_\_\_

(Circle One) **Visa**    **MasterCard**    **Discover**    **American Express**

Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Amount to charge card \$ \_\_\_\_\_

Mail payments to: USCB/OLLI, One University Blvd., Bluffton, SC 29909

Credit Card payments may be faxed to: 843-208-8291

<http://uscb.edu/OLLI>