

OLLI Office Use Only

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

2018 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
Total:	_____

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://OLLI.uscb.edu>