

OLLI Office Use Only

Date _____ Time _____ Receipt # _____ Decal # _____
 Ck # _____ CC (type) _____ CC (last 4) _____ Exp# _____ Amount _____

2017 MEMBERSHIP APPLICATION

Name: _____ Home Phone: _____

Address: _____ Cell: _____ Yes, Please text me Alerts

City/ST/Zip: _____ E-mail: _____

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 the following:

How did you learn about OLLI? Friend Media Website Ad Other

Would you teach or facilitate a course? Yes No Subject Area: _____

Are you willing to be a volunteer?

If "yes," which of the following areas are of interest to you?

Admin Assistant Curriculum Planning Class Assistant Membership/Marketing

Consider making OLLI one of your charities. By policy, we are 100% self-sustaining and receive no funding from USCB or the state.

Gift (tax deductible) \$ _____

My or my spouse's current or former employer matches my gift. Check here if this applies: _____

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://www.uscb.edu/OLLI>