

2020 NEW MEMBERSHIP APPLICATION



Brand new OLLI members please complete this form. Your membership packet will arrive in the mail in approximately 7-10 business days.

Name _____ Primary Phone: _____

Address: _____ Secondary Phone: _____

City, ST, Zip: _____ Email: _____

Development/Community: _____ Yes, please text me emergency alerts

How did you hear about us?

- Friend
- Media/Ad
- Mailing
- Guest Pass
- Community Event
- Other: _____

Consider making a tax-deductible gift to OLLI in any number of areas that speak to you and your engagement in the program. Every dollar of your donation goes towards helping us serve you better.

Future Program Development & Operations \$ _____

OLLI Lowcountry Community Concert Band \$ _____

Beaufort Campus OLLI Garden Project \$ _____

Interested in Volunteering at OLLI at USCB?

Your participation as an OLLI volunteer deepens connections with other members in this lifelong learning community. It provides an opportunity for you to pursue interests and develop new skills. An OLLI staff member will contact you to get involved if you choose.

_____ Yes, I want to be an OLLI volunteer!

PAYMENT INFORMATION:

\$40 ANNUAL MEMBERSHIP FEE (non-refundable)

Membership allows you to register for OLLI courses and access to other benefits.

Payment by check: Checks made payable to USCB OLLI Check # _____

Mail completed form and payment to: One University Blvd. Bluffton, SC 29909

Fax completed form and payment to: (843) 208-8291

Name as it appears on card: _____

Visa Mastercard Discover American Express

Card number: _____ Expiration date: ____/____

Signature: _____ Amount to charge: _____