

# OLLI AT UMASS BOSTON MEMBERSHIP FORM FALL 2024

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.

<p>How did you hear about OLLI? _____</p> <p>Gender    <input type="checkbox"/> Male    <input type="checkbox"/> Female</p> <p>Year of Birth _____ <i>(required)</i></p> <p>College Degree <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>UMass Boston Alumnus/a <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Do you consider yourself to be retired? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Current/Former Occupation _____</p>	<p>Would you be interested in facilitating a course?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What topic(s)? _____</p> <p>Are you a new member?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Ethnicity    <input type="checkbox"/> Black/African/Caribbean  <input type="checkbox"/> Caucasian    <input type="checkbox"/> Chinese  <input type="checkbox"/> Hispanic    <input type="checkbox"/> Korean  <input type="checkbox"/> Native American    <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Other _____</p>
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## ORDER INFORMATION

Membership Pricing Options Select <b>ONE</b> option below	AMOUNT
<input type="checkbox"/> Full Membership \$245 (\$460 for two at same household)	_____
<input type="checkbox"/> OLLI Carte Membership \$120 (\$225 for two at same household)	_____
<input type="checkbox"/> General Membership \$65 (\$125 for two at same household)	_____

### For Office Use Only

Date Received: \_\_\_\_\_

Payment Information: \_\_\_\_\_

Membership Expiration: \_\_\_\_\_

Membership ID#: \_\_\_\_\_

Notes: \_\_\_\_\_

**Membership is valid for one year and expires July 1, 2025.**

## PAYMENT INFORMATION

For Credit Card Payment     VISA     MasterCard  
     Discover     American Express

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 20, 2024***