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.

How did you hear about OLLI? _______________________________________________

Gender ☐ Male ☐ Female

Year of Birth ____________________________ (required)

College Degree ☐ Yes ☐ No

UMass Boston Alumnus/a ☐ Yes ☐ No

Do you consider yourself to be retired? ☐ Yes ☐ No

Current/Former Occupation ____________________________

Would you be interested in facilitating a course?

☐ Yes ☐ No

What topic(s)? ___________________________________

Are you a new member? ☐ Yes ☐ No

Ethnicity ☐ Black/African/Caribbean ☐ Caucasian ☐ Chinese

☐ Hispanic ☐ Korean ☐ Native American ☐ Vietnamese

☐ Other ___________________________________

ORDER INFORMATION

Membership Pricing Options
Select ONE option below

☐ Full Membership $245 ($460 for two at same household) _________

☐ OLLI Carte Membership $120 ($225 for two at same household) _________

☐ General Membership $65 ($125 for two at same household) _________

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

For Office Use Only

Date Received: ____________________________

Payment Information: ____________________________

Membership Expiration: __________

Membership ID#: __________

Notes: ___________________________________

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.