

OLLI AT UMASS BOSTON MEMBERSHIP FORM FALL 2025

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 ☐ No response

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

AMOUNT

☐ 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 June 30, 2026.

For Office Use Only

Date Received: _____

Payment Information: _____

Membership Expiration: _____

Membership ID#: _____

Notes: _____

CREDIT CARD PAYMENT INFORMATION

☐ AmExpress ☐ VISA ☐ MasterCard ☐ Discover

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.

Annual membership dues must be paid in full at the before courses can be requested and are non-refundable after September 26, 2025.