

OLLI AT UMASS BOSTON MEMBERSHIP FORM SPRING 2026

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? _____

Would you be interested in facilitating a course?

Yes No

Gender Male Female No response

What topic(s)? _____

Year of Birth _____ (required)

Are you a new member? Yes No

College Degree Yes No

Ethnicity Black/African/Caribbean
 Caucasian Chinese
 Hispanic Korean
 Native American Vietnamese
 Other _____

UMass Boston Alumnus/a Yes No

Do you consider yourself to be retired? Yes No

Current/Former Occupation _____

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) _____

For Office Use Only

Date Received: _____

Payment Information: _____

Membership Expiration: _____

Membership ID#: _____

Notes: _____

Membership is valid for one year and expires December 31, 2026.

CREDIT CARD PAYMENT INFORMATION

AmExpress VISA MasterCard Discover

Name on Card _____

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.

Card Number _____

Expiration Date _____ Security Code _____

Annual membership dues must be paid in full
at the time of course registration and are
non-refundable after **March 27, 2026**

Amount to be Charged _____

Signature _____