Osher Lifelong Learning Institute at University of the Pacific

OFFICE USE ONLY:

Add on

MEMBERSHIP AND CLASS REGISTRATION FORM

Has your email, phone number or mailing address changed in the past year?

Yes No

MEMBER #1		MEMBER #2			
Pacific ID #		Pacific ID #			
First Name		Last Name Birthdate			
Last Name					
Birthdate					
Preferred Phone					
Email		Email			
Address					
City					
State ZIP code					
 I am a returning member but I would like to request a sch (This is on a first-come, first-serve members. Once we receive this f I misplaced my member ID Membership valid through 7/31/202 	(new member ID wi ut have not paid the olarship to cover th d basis. No financial ir orm, we will contact yo and need a new or	II be sent) 2020–21 membership fee ne membership fee. nformation will be requested. Available for u to verify that scholarship funds are availe ne	new or returning able.) \$10		
MEMBER #1 COURSE/CLASS	FEE	MEMBER #2 COURSE/CLASS	FEE		

TOTAL \$_____

TOTAL \$____

DONATE TO THE OLLI ANNUAL FUND			
I would like to donate the following amount to the OLLI Annual Fund			\$
GRAND TOTAL			
Including membership, course fees and/or		\$	
CREDIT CARD INFORMATION (We highly recommend paying by credit/debit car	rd) Paying by ch	eck greatly slows down	the processing of your registration.
Visa MasterCard AmEx	Discover		
Name on card			
Credit card #			Ехр
COMPLETE FORM AND SEND WITH PAYN OLLI at University of the Pacific	MENT TO:	REGISTER BY TEL 209.946.7658	EPHONE:
3601 Pacific Ave.	REGISTER ONLI		IE:
Stockton, CA 95211		JoinOLLI.Pacific.e	du
How did you hear about us? Please circle OLLI Catalog Website Social Media FOR OFFICE USE ONLY:	Friend Event	•	
Date entered:	Date:	Verified By	у:
MEMBERSHIP CONTACT: New or returning past member Sent registration/course confirmation, welcome letter and parking permit	Date:	Verified By	y:
Ordered member ID card	Date:	Verified By	у:
Mailed member ID card with info letter	Date:	Verified By	y:
GIFTS: Gift OLLI membership to:			