Osher Lifelong Learning Institute at University of the Pacific

MEMBERSHIP AND CLASS REGISTRATION FORM

Has your email, phone number or mailing address changed in the past year? □ Yes □ No

MEMBER #1
Pacific ID # _____________________________
First Name _______________________________
Last Name _______________________________
Birthdate _________________________________
Preferred Phone __________________________
Email _________________________________
Address __________________________________
City ______________________________________
State __________ ZIP code __________

MEMBERSHIP FEE, PLEASE CHOOSE ONE OF THE FOLLOWING:

☐ I am a brand-new member (new member ID will be sent).................................................................$65
☐ I am a returning member but have not paid the 2020–21 membership fee ..............................................$65
☐ I would like to request a scholarship to cover the membership fee.
   (This is on a first-come, first-served basis. No financial information will be requested. Available for new or returning
   members. Once we receive this form, we will contact you to verify that scholarship funds are available.)
☐ I misplaced my member ID and need a new one.................................................................$10

Membership valid through 7/31/2021

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MEMBER #2
Pacific ID # _____________________________
First Name _______________________________
Last Name _______________________________
Birthdate _________________________________
Preferred Phone __________________________
Email _________________________________
Address __________________________________
City ______________________________________
State __________ ZIP code __________

MEMBERSHIP FEE, PLEASE CHOOSE ONE OF THE FOLLOWING:

☐ I am a brand-new member (new member ID will be sent).................................................................$65
☐ I am a returning member but have not paid the 2020–21 membership fee ..............................................$65
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MEMBER #1
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<th>COURSE/CLASS</th>
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TOTAL $ _____

MEMBER #2
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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 personal gift $____________

CREDIT CARD INFORMATION

(We highly recommend paying by credit/debit card) Paying by check greatly slows down the processing of your registration.

☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

Name on card ____________________________________________

Credit card # _________________________ Exp. _________________

COMPLETE FORM AND SEND WITH PAYMENT TO:

OLLI at University of the Pacific
3601 Pacific Ave.
Stockton, CA 95211

REGISTER BY TELEPHONE:

209.946.7658

REGISTER ONLINE:

JoinOLLI.Pacific.edu

☐ GO PAPERLESS! (Check here if you would prefer to look at our catalog online at OLLI.Pacific.edu starting in Fall 2021. Let’s work together to help the environment and decrease the additional cost of print catalogs.)

How did you hear about us? Please circle one:

OLLI Catalog  Website  Social Media  Friend  Event  Ad  Referred By ________________________________

FOR OFFICE USE ONLY:

Date entered: _________________

☐ Constant Contact Date: _______________ Verified By: ________________

MEMBERSHIP CONTACT:

New or returning past member

☐ Sent registration/course confirmation, welcome letter and parking permit Date: _______________ Verified By: ________________

☐ Ordered member ID card Date: _______________ Verified By: ________________

☐ Mailed member ID card with info letter Date: _______________ Verified By: ________________

GIFTS:

☐ Gift OLLI membership to: __________________________________________