OLLI AT UMASS BOSTON **MEMBERSHIP FORM FALL 2024** Preferred First Name Last Name Please note any changes to any of the contact information since you last renewed your membership. If no changes, you can leave blank. City, State _____Zip____ Primary Phone (_____) ____ Cell Phone (_____) ____ Phone () Emergency Contact _____ 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 What topic(s)? ____ Year of Birth _____ (required) Are you a new member? ☐ Yes □ No College Degree ☐ Yes □ No Ethnicity ☐ Black/African/Caribbean UMass Boston Alumnus/a ☐ Yes ☐ No Caucasian Chinese Hispanic Korean Do you consider yourself to be retired? ☐ Yes ☐ No ☐ Native American ☐ Vietnamese Current/Former Occupation _____ ☐ Other _____ **ORDER INFORMATION** Membership Pricing Options **AMOUNT** For Office Use Only Select **ONE** option below Date Received: _____ ☐ Full Membership \$245 (\$460 for two at same household) Payment Information: _____ □ OLLI Carte Membership \$120 Membership Expiration: ___ (\$225 for two at same household) Membership ID#: _____ ☐ General Membership \$65 Notes: (\$125 for two at same household) Membership is valid for one year and expires July 1, 2025. **PAYMENT INFORMATION** For Credit Card Payment VISA ☐ MasterCard Please make checks payable to Discover American Express "OLLI/UMass Boston" and return this form to Name on Card OLLI, McCormack Hall, 3rd Floor, UMass Boston, Card Number 100 Morrissey Blvd., Boston, MA 02125-3393. Expiration Date Annual membership dues must be paid in full Amount to be Charged _____ at the time of course registration and are

non-refundable after September 20, 2024

Signature