OLLI Membership Form

☐ New Membership
☐ Renewal Membership – * update form as needed
☐ Returning Member

Membership Information

Name: ____________________________________________________________

Address: ________________________________________________________

City: ___________________________ State: ______ Zip: ________

Phone: Home: ___________________ Cell: ___________________ Work: ________________

D.O.B.: ________________________ Email: _______________________

Emergency Contact Name: _________________________________________

Relationship to Member: ____________________ Phone: ________________

License Plate # (for parking pass): __________________________________

URI Faculty/Staff and URI Students are not eligible to receive an OLLI Parking Sticker.

Payment Information

Annual Membership Fee: $65.00 per person (non-refundable)

☐ Payment by Check:
Enclosed is a check for $ ________________ payable to University of Rhode Island

☐ Payment by Credit Card:
Credit Card Type: [ ] Visa [ ] MC [ ] AmEx [ ] Discover
Account Number: ________________ 3 or 4 digit card security code: _____________
Exp. Date: ____________ Authorized Signature: __________________________

Please mail completed registration form with payment to:
The University of Rhode Island
Osher Lifelong Learning Institute
210 Flagg Road, Room 212
Kingston, RI 02881

Register online at web.uri.edu/olli

Note: New Members, please complete both sides of this form.
**OLLI Programming**

Are you interested in leading a course?  □ Yes  □ No

If yes, what would be the topic?  ______________________________________________________

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**OLLI Member Profile** *(optional)*

The following information will be used to help us better understand our OLLI Membership as a community and to better serve you. This information is optional and confidential.

URI Alumnus  □ No  □ Yes / Class Year  ______________________________________________________

Highest Level of Education:

□ High School  □ Some College  □ Associate’s Degree or Certification

□ Bachelor’s Degree  □ Master’s Degree  □ Doctorate

Gender:

□ Male  □ Female

Ethnic Background:

□ American Indian  □ Asian  □ Black/African American

□ Hispanic/Latino  □ White/Caucasian

□ Other *(please specify)*  ______________________________________________________

Employment Status:

□ Retired  □ Work Full-time  □ Work Part-time

□ Not Currently Employed

Current/Former Occupation:  ______________________________________________________

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Your signature below acknowledges the following:

- Photos taken during OLLI events or programs can be used in promotion material for OLLI at URI.
- OLLI and URI will not be held liable for members participating in events or programs taking place outside of the URI campuses.

Member Signature:  _______________________________  Date:  _______________________________

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For questions, please call: **401-874-4197**, or email: **olli@etal.uri.edu**

For more information visit: **web.uri.edu/olli**