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: __________________

How did you learn about OLLI at URI? ________________________________

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 Pass.

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**

What types of programs or courses would you like to see offered? ____________________________________________

________________________________________________________________________

When are you available to attend classes/lectures/events? *(please check all that apply)*

☐ Morning  ☐ Afternoon  ☐ Evening

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

If yes, what would be the topic? ____________________________________________

________________________________________________________________________

**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 __________________________________________

Educational Background: Last level completed: __________________________________________

Gender:  ☐ Male  ☐ Female

Ethnic Background:  ☐ Asian  ☐ Black/African American  ☐ Hispanic/Latino

☐ White/Caucasian  ☐ Other *(please specify)* __________________________________________

Employment Status:  ☐ Retired  ☐ Work Full-time  ☐ Work Part-time

☐ Volunteer  ☐ Not Currently Employed

Current/Former Occupation: __________________________________________

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: ____________________________

The Osher Lifelong Learning Institute at URI is a nonprofit organization through the URI Foundation. Donations are essential to the existence of this program. Members may make a tax-deductible gift through the URI Foundation, a 501(c)(3), at urifoundation.org/giveonline. Indicate OLLI under the “other” category. Donations by check can be mailed or dropped off at the OLLI office. Make checks payable to URI Foundation and note OLLI.

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

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

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