

OLLI MEMBERSHIP REGISTRATION FORM

The OLLI membership year runs Aug. 1 through July 31 of the following year. Membership fees are paid annually.
 PRIMARY MEMBERSHIP (Must be at least 50 years old): \$25. SUPPLEMENTAL MEMBERSHIP (Must be linked to a primary member; one per primary member; can be a spouse, partner, friend; no minimum age limit): \$10. LIFETIME MEMBERSHIP: \$250

PRIMARY Member: NEW Member RENEWAL

PRIMARY MEMBERSHIP FEE: \$25/Year Lifetime = \$250

Last Name _____ First Name _____ Middle Initial _____
 [Grid of boxes for name entry]

Mailing Address _____
 [Grid of boxes for address entry]

City _____ State _____ ZIP Code _____
 [Grid of boxes for city, state, and zip code entry]

E-mail _____ Phone (____) _____

HSU I.D. # OR Social Security Number _____ Date of Birth _____ MALE FEMALE
 [Grid of boxes for ID number and date of birth]

Have you ever been enrolled in HSU? YES NO
 If yes, enter any other name used at HSU: _____

Do you have an HSU student ID card? YES NO
 If yes, do you have a current student sticker for your ID? YES NO _____

SUPPLEMENTARY Member: NEW Member RENEWAL

SUPPLEMENTARY MEMBERSHIP FEE: \$10/Year

Last Name _____ First Name _____ Middle Initial _____
 [Grid of boxes for name entry]

Mailing Address _____
 [Grid of boxes for address entry]

City _____ State _____ ZIP Code _____
 [Grid of boxes for city, state, and zip code entry]

E-mail _____ Phone (____) _____

HSU I.D. # OR Social Security Number _____ Date of Birth _____ Name of Primary Member (print): _____
 [Grid of boxes for ID number, date of birth, and primary member name]

Have you ever been enrolled in HSU? YES NO MALE FEMALE
 If yes, enter any other name used at HSU: _____

Do you have an HSU student ID card? YES NO
 If yes, do you have a current student sticker for your ID? YES NO _____

OFFICE USE ONLY: Rec'd by _____ Date _____ Posted

CASH MONEY ORDER or CHECK # _____ CREDIT CARD: MasterCard Visa Discover
 Make checks payable to HSU

Credit Card number _____ Exp. date _____/____

Print name of cardholder _____

MEMBERSHIP FEES: Primary: \$ _____
 Supplemental: \$ _____

Signature _____

FEE TOTAL: \$ _____

