OSHER LIFELONG LEARNING INSTITUTE

A separate registration form is required for each member. Photocopies accepted.

HSU I.D. Number – or – Social Security Number

☐ male ☐ female

Date of Birth (month day year)

HUMBOLDT STATE UNIVERSITY
Office of Extended Education
Arcata, CA 95521-8299
Phone (707) 826-3731 • Fax (707) 826-5885
E-mail: olli@humboldt.edu • www.humboldt.edu/olli

REGISTRATION FORM

☐ **FALL** ☐ **SPRING** ☐ **SUMMER**

Year: _____

Last Name | First Name | Middle Initial

Mailing Address (Number and Street or P.O. Box)

City | State | ZIP Code

E-mail

Phone (include area code) ( )

Have you ever been enrolled in HSU? ☐ yes ☐ no If yes, enter any other name used at HSU:

OLLI MEMBERSHIP REQUIRED INFORMATION

☐ Continuing OLLI member

☐ New OLLI member

☐ NON-OLLI member

Do you have an HSU student ID card? ☐ YES ☐ NO

If yes, do you have a current student sticker for your ID? ☐ YES ☐ NO

Do you wish to be on the OLLI mailing list? ☐ YES ☐ NO

5-digit Class Number	Instructor's Last Name	Course Title/Topic	Fees
Membership Categories: Primary = $35 Supplemental * = $20 Current member or non-member = $0		**Enter Membership Fee:**	
		Total Fees	

☐ Cash ☐ Money order or Check # _____

☐ MasterCard ☐ Visa ☐ Discover

Make checks payable to HSU

Credit Card Number:

Expiration Date: / Cardholder's Signature: _____ Cardholder Name (print): _____

— EE Office use only —

Rec'd by _____

Date _____

Posted ☐

* Name of Primary Member (print):