# 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**
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## 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 Course Code (CRN) | Instructor's Last Name | Course Title | Fees |
|---|---|---|---|
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| | | | |
| **Membership Categories:** Primary = $25 Supplemental * = $10 Lifetime = $250 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): _____

Rec'd by _____

Date _____

Posted ☐

* Name of Primary Member (print):