

## OLLI AT UMASS BOSTON MEMBERSHIP FORM SPRING 2025

Last Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_

*Please note any changes to any of the contact information since you last renewed your membership. If no changes, you can leave blank.*

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

### MEMBER PROFILE

We **require** your responses to the following questions, which will be used for statistical purposes only. This information will help us to better serve our members.

How did you hear about OLLI? \_\_\_\_\_

Gender     Male     Female     No response

Year of Birth \_\_\_\_\_ (required)

College Degree    Yes     No

UMass Boston Alumnus/a    Yes    No

Do you consider yourself to be retired?    Yes    No

Current/Former Occupation \_\_\_\_\_

Would you be interested in facilitating a course?

Yes    No

What topic(s)? \_\_\_\_\_

Are you a new member?     Yes     No

Ethnicity     Black/African/Caribbean  
 Caucasian         Chinese  
 Hispanic             Korean  
 Native American    Vietnamese  
 Other \_\_\_\_\_

### ORDER INFORMATION

#### Membership Pricing Options

Select **ONE** option below

- |   | AMOUNT |
|---|--------|
| <input type="checkbox"/> Full Membership \$245<br>(\$460 for two at same household)       | _____  |
| <input type="checkbox"/> OLLI Carte Membership \$120<br>(\$225 for two at same household) | _____  |
| <input type="checkbox"/> General Membership \$65<br>(\$125 for two at same household)     | _____  |

**Membership is valid for one year and expires December 31, 2025.**

#### For Office Use Only

Date Received: \_\_\_\_\_

Payment Information: \_\_\_\_\_

Membership Expiration: \_\_\_\_\_

Membership ID#: \_\_\_\_\_

Notes: \_\_\_\_\_

### CREDIT CARD PAYMENT INFORMATION

AmExpress    VISA    MasterCard    Discover

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Amount to be Charged \_\_\_\_\_

Signature \_\_\_\_\_

Please make checks payable to "OLLI/UMass Boston" and return this form to **OLLI, McCormack Hall, 3rd Floor, UMass Boston, 100 Morrissey Blvd., Boston, MA 02125-3393.**

*Annual membership dues must be paid in full at the time of course registration and are non-refundable after **March 21, 2025***