Semester Membership Form

Please indicate below which membership type you are registering for:

___ $50 full membership/individual (12 sessions)
___ $80 full membership/couple (12 sessions)
___ $30 partial membership/individual (6 sessions): ___AM session or ___PM session
___ $50 partial membership/couple (6 sessions): ___AM session or ___PM session

Name(s): ___________________________________
Address: ___________________________________
City: _____________________________________
State: ___________ Zip: ____________
Telephone: _____________________________________
e-mail address: __________________________________
___ New Member  ___ Returning Member

How did you hear about us? _______________________

Are you a UVM alumna/alumnus? (Y/N) _____

Make checks payable to:

“The University of Vermont”

Mail check and completed registration form to:

UVM OLLI Registration Office
322 South Prospect Street
Burlington, VT 05401

-----------------------------------------------------------------
FOR OFFICE USE ONLY:
Amount & Date Paid: _________________________
___ Cash  ___ Check  #________