OLLI (Osher Lifelong Learning Institute) – LAMOILLE VALLEY

Semester Membership Form

___$30 membership per semester

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 #_________