

OLLI (Osher Lifelong Learning Institute) – SPRINGFIELD

Fall 2021 Semester Membership Form

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) _____

Please indicate below with an "X" what you are paying for:

Fall 2021 Semester Membership Special \$30 for 6 programs OR

Fall 2021 individual program(s) (\$8 each):

Program Date _____; Title _____

Program Date _____; Title _____

Program Date _____; Title _____

Make checks payable to:

"The University of Vermont"

Mail check and completed registration form to:

**UVM OLLI Registration Office
460 South Prospect Street
Burlington, VT 05401**

FOR OFFICE USE ONLY:

Amount & Date Paid: _____ Check # _____