OLLI (Osher Lifelong Learning Institute) – RUTLAND

Semester Membership Form

Please indicate below which membership type you are registering for:

___$40 membership (for Fall or Winter/Spring 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) _____

Please indicate below with an "X" which semester you are paying membership for:

_____ Fall
_____ Winter/Spring

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: _____ ___ Cash ___ Check #_____