

**OLLI (Osher Lifelong Learning Institute) – SPRINGFIELD
Semester Membership Form**

Please indicate below which membership type you are registering for:

Today's Date: _____

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:

Current Semester Membership: \$35 for 6 lectures; OR

Individual lecture(s) \$8 each:

Lecture Date _____; Title _____

Lecture Date _____; Title _____

Lecture 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 #** _____