OLLI (Osher Lifelong Learning Institute) – BRATTLEBORO
Semester Membership Form

Please indicate below which membership type you are registering for:

___ $30 membership/individual (6 sessions):
___ $50 membership/couple (6 sessions):

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
______ 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 #__________