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) _____

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

_____ Fall
_____ Winter

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

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FOR OFFICE USE ONLY:

Amount & Date Paid: ________________
___ Cash    ___ Check #________