OLLI (Osher Lifelong Learning Institute) – Brattleboro Area

Semester Membership Form

Please indicate below which membership type you are registering for:

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:

___ Semester Membership $20 OR

___ Individual lecture(s) $8 each:

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
23 Mansfield Avenue
Burlington, VT 05401

-----------------------------------------------------------------

FOR OFFICE USE ONLY:

Amount & Date Paid: _________________ Check #_________