OLLI (Osher Lifelong Learning Institute) – CENTRAL VT
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:

___Individual Semester Membership $40 for 11 Programs OR
___Couple Semester Membership $70 for 11 Programs for 2 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
23 Mansfield Avenue
Burlington, VT 05401

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FOR OFFICE USE ONLY:

Amount & Date Paid: __________ Check #_________