OLLI (Osher Lifelong Learning Institute) – Lamoille Valley

Semester Membership Form

Please indicate below which membership type you are registering for:

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 $45  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 #_______