

**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**

-----

**FOR OFFICE USE ONLY:**

**Amount & Date Paid:** \_\_\_\_\_ **Check #** \_\_\_\_\_