OLLI (Osher Lifelong Learning Institute) – ST. JOHNSBURY

Semester Membership Form

Please indicate below which membership type you are registering for:

Current 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 Special $30 for 8 lectures 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 # ________