

MEMBERSHIP AND CLASS REGISTRATION FORM

OFFICE USE ONLY:

Add on

Has your email, phone number or mailing address changed in the past year? Yes No

MEMBER #1

Pacific ID # _____
 First Name _____
 Last Name _____
 Birthdate _____
 Preferred Phone _____
 Email _____
 Address _____
 City _____
 State _____ ZIP code _____

MEMBER #2

Pacific ID # _____
 First Name _____
 Last Name _____
 Birthdate _____
 Preferred Phone _____
 Email _____

MEMBERSHIP FEE, PLEASE CHOOSE ONE OF THE FOLLOWING:

- I am a brand new member (new member ID will be sent).....\$95
- I am a returning member but have not paid the 2020–21 membership fee.....\$95
- I would like to request a scholarship to cover the membership fee.
 (This is on a first-come, first-served basis. No financial information will be requested. Available for new or returning members. Once we receive this form, we will contact you to verify that scholarship funds are available.)
- I misplaced my member ID and need a new one \$10

Membership valid through 7/31/2021

For HyFlex courses please indicate your preference: In-person or ZOOM

MEMBER #1

COURSE/CLASS/EDVENTURE	IN-PERSON OR ZOOM	FEE

TOTAL \$ _____

MEMBER #2

COURSE/CLASS/EDVENTURE	IN-PERSON OR ZOOM	FEE

TOTAL \$ _____

DONATE TO THE OLLI ANNUAL FUND

I would like to donate the following amount to the OLLI Annual Fund \$ _____

GRAND TOTAL

Including membership, course fees and/or personal gift \$ _____

CREDIT CARD INFORMATION (OLLI at Pacific only accepts payment by credit card or personal check.)

Visa MasterCard AmEx Discover

Name on card _____

Credit card # _____ Exp. _____

COMPLETE FORM AND SEND WITH PAYMENT TO:

OLLI at University of the Pacific
3601 Pacific Ave.
Stockton, CA 95211

REGISTER BY TELEPHONE:

209.946.7658

REGISTER ONLINE:

JoinOLLI.Pacific.edu

YOU CAN HELP US GROW: OLLI at Pacific is enriched by members' contributions of time and talent. Our Advisory Board is looking to grow its committees. Please circle where you would like to volunteer:

Curriculum Membership Volunteer Marketing Fundraising

How did you hear about us? Please circle one:

OLLI Catalog Website Social Media Friend Event Ad Referred By _____

FOR OFFICE USE ONLY:

Date entered: _____

Constant contact Date: _____ Verified By: _____

MEMBERSHIP CONTACT:

New or returning past member

Sent registration/course confirmation, welcome letter and parking permit Date: _____ Verified By: _____

Ordered member ID card Date: _____ Verified By: _____

Mailed member ID card with info letter Date: _____ Verified By: _____

GIFTS:

Gift OLLI membership to: _____