OLLI (Osher Lifelong Learning Institute) – ST. JOHNSBURY

Semester Membership Form

Please indicate below which membership type you are registering for:

___ $30 membership per semester

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” which semester you are paying membership for:

_____ Fall
_____ Spring

Make checks payable to:

“The University of Vermont”

Mail check and completed registration form to:

UVM OLLI Registration Office
460 South Prospect Street
Burlington, VT 05401

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FOR OFFICE USE ONLY:

Amount & Date Paid: _________________

___ Cash ___ Check # ________