

ASSISTANCE AMOUNT APPLIED FOR: \$ _____[illegible]

☐ Yes ☐ Maybe ☐ Not at this time

SOU Campbell Center
655 Frances Lane
Ashland, Oregon

Please turn over to complete page 2 of the membership application.



Membership Fee Financial Assistance

Membership: ☐ new member ☐ renewing member

Member Information	First name	Middle initial	Last name
	Date of birth	Day phone	Cell phone
	Street address		<input type="checkbox"/> This is a change of address
	City	State	Zip
	Email address		<input type="checkbox"/> This is a change of email
	Emergency contact	Phone	
	Relationship to member	<input type="checkbox"/> I want to opt out of receiving a print catalog	

FOR OFFICE USE ONLY

The OLLI at SOU membership fee is nonrefundable.

Reduced-fee memberships are non-transferable and valid for the current academic year only.
Checks and credit cards are accepted.

Annual membership fee: \$ _____

Financial assistance amount: \$ _____

Total payment amount: \$ _____

☐ **Check:** Make check payable to "OLLI at SOU".

☐ **Credit card:** ☐ VISA ☐ MasterCard

Card number: _____

Expiration date: ____ / ____ **3- or 4-digit security number on back of card:** _____

Signature: _____

Note: The Administrative Director will work with you to determine fee assistance and payment amount.