



# Membership Form

**Membership:**  
 new member  
 renewing member

|                           |                        |   |            |
|---------------------------|------------------------|---|------------|
| <b>Member Information</b> | 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 |            |

**Volunteering**

I might be interested in volunteering! Please have the Program Specialist contact me.

I am already volunteering and satisfied with my role.

I just want to take classes for now.

**One Credit Program** - I am 65+, have been an Oregon resident for at least 12 months, and want to participate in the one-credit program to help SOU get additional funding.

Yes    No    Not eligible

**Payment and Donation Options**

**The OLLI at SOU membership fee is nonrefundable.**

The membership fee may be combined with a donation. Checks and credit cards are accepted.  
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Spring membership payment @ \$75 per person: \$ \_\_\_\_\_

I want to support the OLLI at SOU annual fund with my tax-deductible gift of: \$ \_\_\_\_\_

Please keep my gift anonymous

**Total payment amount** (membership fee + annual fund donation): \$ \_\_\_\_\_  
(TOTAL)

**To pay by check:** Make check payable to "OLLi at SOU."  
 OLLI is an affiliate of the SOU Foundation. OLLI's federal tax I.D. number is 23-7030910.

**To pay by credit card:**    VISA    MasterCard

Card number: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Note: You may pay by credit card over the phone at 541-552-6048. Mailing address: 1250 Siskiyou Blvd, Ashland, OR 97520. Street address: 655 Frances Lane, Ashland.