



# Membership Form

Membership:  
 new member  
 renewing member

<b>Member Information</b>	First name	Middle initial	Last name
	Date of birth	Day phone	Cell phone
	<input type="checkbox"/> I would like a printed name badge.		<input type="checkbox"/> I want to opt out of being mailed a printed catalog.
	Address		
	City	State	Zip
	Email address		
	Emergency contact	Phone	Relationship

<b>Required Info</b>	<b>Code of Conduct</b>
	<input type="checkbox"/> I agree to abide by the OLLI at SOU Code of Conduct. <i>(Agreement is required to participate in OLLI at SOU. Copies of the code are online and in the OLLI office.)</i>
	<b>One Credit Program</b> – 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Eligible <b>If yes:</b> Have you completed a Bachelors degree or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline

<b>Volunteering</b>	<input type="checkbox"/> I might be interested in volunteering! Please have the Program Specialist contact me.
	<input type="checkbox"/> I am already volunteering and satisfied with my role.
	<input type="checkbox"/> I just want to take classes for now.

<b>Payment and Donation Options</b>	<b>The OLLI at SOU membership fee is nonrefundable.</b>
	The membership fee may be combined with a donation. Checks and credit cards are accepted. Please contact the OLLI office for information about membership fee financial assistance.
	Annual membership payment @ \$150 per person: \$ _____
	I want to support the OLLI at SOU annual fund with my tax deductible gift of: \$ _____
	<input type="checkbox"/> Please keep my gift anonymous
	<b>Total payment amount</b> (membership fee + annual fund donation): \$ _____
	(TOTAL)
	<b>To pay by check:</b> 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.
	<b>To pay by credit card:</b> <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
	Card number: _____
Expiration date: _____ / _____ <b>3- or 4-digit security number on back of card:</b> _____	
Signature: _____	

**NOTE:** Call 541-552-6048 to pay by credit card over the phone. Mailing address: OLLI at SOU, 1250 Siskiyou Blvd, Ashland, OR 97520. Street address: 655 Frances Lane, Ashland.