



Course Registration 2025

SESSION: WINTER SPRING SUMMER FALL OTHER _____

OFFICE USE

MEMBERSHIP: CURRENT NEW RENEWING

RECEIVED: DATE _____ INITIALS _____

ABOUT YOU (Only one person per form, please)

First Name: _____

Last Name: _____

Mailing Address: Street _____

City, State, Zip _____

Phone _____

Email _____

Date of Birth: (MM/DD/YYYY) ____/____/____

Is any information above new? Address Phone Email

I'd like an OLLI nametag with this name: _____

I grant photo permission. OLLI may reproduce my image for educational/promotional purposes if I appear in photos of programs. Yes No

EMERGENCY CONTACT

Name _____

Phone _____

YOUR PAYMENT INFORMATION

Card Type: Visa MasterCard Discover (No Cash or Checks)

Card No: _____

Exp. Date: (MM/YY) ____/____ Code: (on back of card) _____

Name on Card: _____

Questions? Please email olliatism@maine.edu or call 207-780-4406.

YOUR PROGRAM SELECTIONS

COURSE / WORKSHOP TITLE	COST
1st Choice: Alt. Choice:	\$
2 1st Choice: Alt. Choice:	\$
3 1st Choice: Alt. Choice:	\$
4 1st Choice: Alt. Choice:	\$
5 1st Choice: Alt. Choice:	\$
Your Total Course / Workshop Cost	\$
<input type="checkbox"/> Check box if you're over 90 — it's free!	Annual Membership, if applicable + \$
Your tax deductible contribution to OLLI (Optional)	+ \$
YOUR TOTAL REGISTRATION COST	\$

OFFICE USE

CAMPUS CE _____ DATE PROCESSED _____

MISC _____