

Office only: Date Received _____ New Member _____ Renewal _____

OSHER LIFELONG LEARNING INSTITUTE

MEMBERSHIP 2015-16

Name _____

I need a nametag

Name as you would like it to appear on your nametag _____

Mailing address _____

City _____ State _____ Zip _____

Home phone _____ Cell Phone _____

E-mail _____

(We will not share your e-mail outside of OLLI)

Date of Birth ____/____/____ (mandatory — mm/dd/yyyy)

_____ **Annual Membership Fee**

\$25 per year (July 1, 2015 through June 30, 2016)

_____ **Tax Deductible Contribution to OLLI**

_____ **Total Amount**

OFFICE USE ONLY:

Check # _____

CC (last 4): _____

Cash _____

HR (Init.) _____

Date Entered _____

Check (Payable to OLLI) Please charge my VISA MasterCard Discover Card Cash

Card Number _____

Expiration Date _____ VSE Code (3-digit code on the back of the card) _____

Name on Card _____



Mail this form with payment to:

Osher Lifelong Learning Institute

University of Southern Maine

P.O. Box 9300

Portland, ME 04104-9300