

Osher Lifelong Learning Institute at the University of Oregon, Eugene/Springfield

MEMBERSHIP AND RENEWAL FORM

Welcome to OLLI-UO! Membership is open to individuals who have an interest in the pursuit of knowledge and a willingness to be an active participant in the OLLI-UO program.

Please complete **both** sides of this form.

New Member Renewing Member

Last Name _____ First _____ Middle _____

Name as you would like it to appear on your name badge: _____
Please Print

Address _____
Number and Street *Apartment or Unit*

City _____ State _____ Zip code _____

Phone _____ E-mail address _____

Emergency Contact _____ Phone _____
Name and relationship

Office Use Only
Date joined: ____ / ____ / ____
Renewal month: ____

We compile **Membership Directories** each year that are provided to OLLI members for personal use. **You may opt out** of the directory listing by checking this box and initialing beside it. _____

New Members: Please Tell Us About Yourself

I am applying for membership at the: Eugene/Springfield site Central Oregon site

Are you new to this area? No Yes Relocated from: _____

My life experiences include (interests, background, etc.): _____

Do you know someone who would be interested in this program? Pick up an information packet at your local membership office or call us at 800-824-2714.

How did you hear about the OLLI-UO program? _____

MORE on back 



Four Convenient Ways to Join

1. **Drop off** at the OLLI-UO membership office the next time you attend an OLLI-UO event.

Eugene/Springfield
975 High Street, Suite 110, Eugene

Central Oregon
80 NE Bend River Mall, Bend

2. **Phone:** 541-346-0697

3. **Fax:** 541-346-6166

4. **Mail: OLLI-UO Membership Office**
Academic Extension
1277 University of Oregon
Eugene, Oregon 97403-1277



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I would be interested in knowing more about the following groups and activities: (check as many as you wish)

- Book Groups:** Historical Novels Classics/Philosophy
- The Arts:** Interpretive Playreading Creative Writing Music Appreciation
 Poetry Writing Art History
- Science:** Understanding Science
- Foreign Languages:** French Spanish Conversation Beginning Spanish Other: _____
- Discussion Groups:** Thinking Allowed (contemporary social issues)
 News and Views (current happenings in the news, at home and abroad)
 International Relations (American foreign policy and its impact on world events)

I would be willing to present a lecture(s) or help organize a study/discussion group(s) on: _____

For All Members: Member Participation

OLLI-UE Eugene/Springfield is a cooperative, member-operated venture relying on the contribution and participation, both in class and out, of each member. **Please check those activities in which you would like to become involved during the coming year**, and a committee representative will contact you.

- Volunteer Opportunities:** Lecturer/Instructor Discussion Group Leader Study Group Leader
 Hospitality Volunteer Classroom Assistant * Registration/Check-in
 Program Planning Hospitality Membership Recruitment
 Activities and Travel Meeting Recorder

* Assistants help instructors with equipment set-up and classroom needs.

Membership Dues

Nonrefundable annual dues are as follows: Individual **\$130** Household* **\$110** per person Six month rate **\$75**

Payment plans are available on request. Please contact the OLLI-UE office, 800-824-2714 with inquiries regarding this option.

*Available for two or more members from the same household.

Optional tax deductible donation

Your contributions will help to ensure program sustainability. Please direct my donation toward:

- Endowment* Current Expenses Specific current expense: _____

Please make my donation in memory of _____

* The Foundation reserve was established by the members in 1996 to meet the present and future "capital needs" of LIR (now known as OLLI-UE Eugene/Springfield); further, the Foundation Reserve provides a "rainy day" asset to help ensure the continuing success of the organization.

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Please make checks payable to: **UO Foundation**

Amount: \$ _____

Member Name: _____

- Check Visa Mastercard Amex Discover Receipt needed

Credit Card or Check #: _____ Exp. Date: _____ CVV: _____

Authorization signature: _____

To protect your privacy and the security of your credit card information, this section of the membership and renewal form will be shredded after your payment has been processed.