

# MEMBERSHIP AND CLASS REGISTRATION FORM

**PLEASE COMPLETE ONE FORM FOR EACH PERSON.**

Has your email, phone number or mailing address changed in the past year?  Yes  No

Pacific ID # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Email \_\_\_\_\_

**MEMBERSHIP FEE, PLEASE CHOOSE ONE OF THE FOLLOWING:**

- I am a brand new member (new member ID will be sent) ..... \$95
- I am returning member but have not paid the 2019–20 membership fee ..... \$95
- I misplaced my member ID and need a new one ..... \$10

I have the current membership card with my member ID. Please check one:  Yes  No

**COURSE OR EVENT REGISTRATION**

NAME	FEE

**MEMBERSHIP AND COURSE FEE TOTAL \$ \_\_\_\_\_**

**DONATE TO THE OLLI ANNUAL FUND**

I would like to donate the following amount to the OLLI Annual Fund \$ \_\_\_\_\_

**GRAND TOTAL**

Including membership, course fees and/or personal gift \$ \_\_\_\_\_

**CREDIT CARD INFORMATION** (OLLI at Pacific only accepts payment by credit card or personal check.)

Visa  MasterCard  AmEx  Discover

Name on card \_\_\_\_\_

Credit card # \_\_\_\_\_ Exp. \_\_\_\_\_

**COMPLETE FORM AND SEND WITH PAYMENT TO:**

OLLI at University of the Pacific  
3601 Pacific Ave.  
Stockton, CA 95211

**REGISTER BY TELEPHONE:**

209.946.7658

**REGISTER ONLINE:**

JoinOLLI.Pacific.edu

How did you hear about us? Please circle one:

**OLLI Catalog   Website   Social Media   Friend   Event   Gift Membership   Newspaper Ad**

**Other** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Add-on only

Date entered: \_\_\_\_\_

Constant contact

Date: \_\_\_\_\_ Verified By: \_\_\_\_\_

Banner

Date: \_\_\_\_\_ Verified By: \_\_\_\_\_

**MEMBERSHIP CONTACT:**

New or returning past member

Sent registration/course confirmation, welcome letter and parking permit

Date: \_\_\_\_\_ Verified By: \_\_\_\_\_

Ordered member ID card

Date: \_\_\_\_\_ Verified By: \_\_\_\_\_

Mailed member ID card with info letter

Date: \_\_\_\_\_ Verified By: \_\_\_\_\_

**GIFTS:**

Donations  Gift OLLI membership to: \_\_\_\_\_