Osher Lifelong Learning Institute at University of the Pacific

MEMBERSHIP AND CLASS REGISTRATION FORM

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

MEMBER #1

Pacific ID # ________________________________
First Name ________________________________
Last Name ________________________________
Birthdate ________________________________
Preferred Phone ____________________________
Email ____________________________________
Address __________________________________
City ______________________________________
State __________ ZIP code ________________

MEMBER #2

Pacific ID # ________________________________
First Name ________________________________
Last Name ________________________________
Birthdate ________________________________
Preferred Phone ____________________________
Email ____________________________________
Address __________________________________
City ______________________________________
State __________ ZIP code ________________

MEMBERSHIP FEE, PLEASE CHOOSE ONE OF THE FOLLOWING:

☐ I am a brand new member (new member ID will be sent) ................................................................. $95
☐ I am a returning member but have not paid the 2020–21 membership fee ........................................ $95
☐ I would like to request a scholarship to cover the membership fee.  
   (This is on a first-come, first-served basis. No financial information will be requested. Available for new or returning members. Once we receive this form, we will contact you to verify that scholarship funds are available.)
☐ I misplaced my member ID and need a new one ................................................................. $10

Membership valid through 7/31/2021

For HyFlex courses please indicate your preference: In-person or ZOOM

MEMBER #1

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<th>COURSE/CLASS/EDVENTURE</th>
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MEMBER #2

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TOTAL $_____

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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:  
JoinOLLIPacific.edu

YOU CAN HELP US GROW: OLLI at Pacific is enriched by members’ contributions of time and talent.
Our Advisory Board is looking to grow its committees. Please circle where you would like to volunteer:

Curriculum  Membership  Volunteer  Marketing  Fundraising

How did you hear about us? Please circle one:
OLLI Catalog  Website  Social Media  Friend  Event  Ad  Referred By ____________________________

FOR OFFICE USE ONLY:
Date entered: ____________________
☐ Constant contact  Date: ___________  Verified By: ________________

MEMBERSHIP CONTACT:
New or returning past member  Date: ___________  Verified By: ________________
☐ Sent registration/course confirmation, welcome letter and parking permit
☐ Ordered member ID card  Date: ___________  Verified By: ________________
☐ Mailed member ID card with info letter  Date: ___________  Verified By: ________________

GIFTS:
☐ Gift OLLI membership to: __________________________________________

Date entered: ____________________
☐ Constant contact  Date: ___________  Verified By: ________________

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