

First Name _____ Last Name _____

Complete the information below only if you are a new member or your information has changed.

Preferred name for badge _____ Birthdate _____
 Address _____ City _____ State ____ Zip Code ____
 E-mail Address _____
 Phone: Home _____ Cell _____
 If you are a **new member referred** by a current OLLI member, who was it? _____

I have read and understand the Waiver and Release of Liability for OLLI.

I would like to be assigned an OLLI ambassador.

FOR OFFICE USE ONLY

Reg. Rec'd	CCE Entry	Type	Codes
By _____	By _____	_____ Registration	CC Auth Code _____
Date _____	Date _____	_____ Refund/Cancellation	Order # _____

2024-2025 Membership Registration -- Check One	Cost
<input type="checkbox"/> I am a current 2024-2025 OLLI member.	\$0
<input type="checkbox"/> I am purchasing a 2024-2025 annual membership (Valid through July 31, 2025).	\$75

Course or Event Registration:		
Number	Name	Cost
Total Payment (Membership + Course Cost + Event Cost)		

Payment Method:
Check or money order payable to *University of Nebraska-Lincoln* Check # _____ Amount _____
Credit Card [] Visa [] MasterCard [] Discover [] American Express
Credit Card Number _____ **Expiration Date** _____
Return payment to: Osher Lifelong Learning Institute, University of Nebraska-Lincoln, 105 Newkirk Human Sciences Building, P.O. Box 830800, Lincoln, NE 68583-0800