

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.

FOR OFFICE USE ONLY

Reg. Rec'd	SM Entry	Type	CC Auth Code
By _____ Date _____	By _____ Date _____	_____ Registration _____ Refund/Cancellation	_____

2020-2021 Membership Registration -- Check One		Cost
<input type="checkbox"/>	I am a current 2020-2021 OLLI member	\$0
<input type="checkbox"/>	I am purchasing a 2020-2021 mid- year membership (Valid through July 31, 2020)	\$50
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 _____ **CVV** _____ (3-digit number on the back of the card)

Return this form with your payment to:

Osher Lifelong Learning Institute, University of Nebraska-Lincoln, 125 Human Sciences Building, P.O. Box 830800, Lincoln, NE 68583-0800