

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. An ambassador will help you navigate the OLLI program.**

**FOR OFFICE USE ONLY**

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

2025-2026 Membership Registration -- Check One		Cost
<input type="checkbox"/>	I am a current 2025-2026 OLLI member.	\$0
<input type="checkbox"/>	I am purchasing a 2025-2026 annual membership (Valid through July 31, 2026).	\$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