

Fall 2017 Registration Form

PLEASE CLEARLY FILL IN ALL INFORMATION (please print)

NAME _____

EMAIL ADDRESS _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

TELEPHONE (home) _____ **(cell)** _____

DATE OF BIRTH _____

If you do not want your address, phone number and email address published in a member directory please check here:

IN CASE OF EMERGENCY OR ILLNESS CALL:

NAME _____

RELATIONSHIP _____ **TELEPHONE/CELL** _____

I WOULD LIKE TO BE ACTIVELY INVOLVED IN:

Teaching or organizing a course in _____

Serving on the following team: Academic Affairs Communications Community Relations Gardening Library
 Office Volunteer Planning Social Travel

EDUCATION: H.S. Two-year College, A.A. B.A., B.S., R.N. M.A., M.S. Ph.D., M.D., J.D., Ed.D.

MEMBERSHIP DUES: New Member Returning Member

\$_____ \$175 Fall 2017 semester \$_____ \$260 Fall 2017, Spring 2018 combined

\$_____ Donation to Gift Fund \$_____ Donation to Kirilla Scholarship Fund

\$_____ TOTAL (**Make check(s) payable to "University of Delaware."**) Check # _____

Credit Card: American Express Discover MasterCard Visa Amount: \$ _____

Credit Card No.: _____ - _____ - _____ - _____ Exp. date: _____

Print Name: _____

Authorized cardholder signature: _____

NEW MEMBERS: HOW DID YOU LEARN ABOUT THE OLLI AT THE UNIVERSITY OF DELAWARE?

Newspaper article Friend Library display Radio ad TV Internet Other _____

By submitting this form, I agree to hold the University of Delaware, its trustees, officers, employees and agents harmless for any claims of personal injury or damage arising out of my association with the program or presence on the University campus or as a participant of any program sponsored trip. I agree that information provided in class is intended to be informational only and should not be construed or relied upon as advice. I authorize the University to record or photograph my image and/or voice for use by the University or its assignees in educational and promotional programs and materials.

SIGNATURE REQUIRED _____ **DATE OF REGISTRATION** _____

REGISTRATION IS EASY!

Complete this form and return it to:
 OLLI, Lifelong Learning Center
 Fred Thomas Building, 520 Dupont Ave.
 Lewes, DE 19958

OR register...

IN PERSON
 Mondays–Thursdays, 9 a.m.–2 p.m.
 OLLI Office, Room 109, Fred Thomas Bldg.

ONLINE
www.lifelonglearning.udel.edu/lewes

LATE REGISTRATIONS
 Registration forms received after **Aug. 17**
 will be processed on a space-available basis.