

Spring 2018 Registration Form

PLEASE CLEARLY FILL IN ALL INFORMATION

NAME (please print) _____

EMAIL _____

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:

RACE/ETHNICITY (Optional): Please indicate how you identify yourself.

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Are you Hispanic/Latino? Yes No

IN CASE OF EMERGENCY OR ILLNESS CALL:

NAME _____

RELATIONSHIP _____ **TELEPHONE/CELL** _____

I AM ESPECIALLY INTERESTED IN: Teaching a course Serving on a committee Volunteering in the office Fundraising

My hobbies include _____

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 Spring 2018 semester Paid for full year

\$_____ Donation to Gift Fund Kirilla Scholarship Fund Future 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 Signature Required: _____

NEW MEMBERS: HOW DID YOU LEARN ABOUT 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 any other location where classes are offered 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 **Jan. 11** will be processed on a space-available basis.