

Please only use this form if you are not going to be registering online

NAME:			
NEW MEMBER RENEWING/RETURNING MEMBER			
STREET ADDRESS:			
CITY/STATE/ZIP:	COUNTY:		
PHONE (HOME):	(CELL):		
Preferred: □Home □ Cell			
EMAIL:			
We ask members to provide us with information about themselves. This information is kept strictly confidential and is used to help us meet your membership expectations.			
YEAR OF BIRTH: GENDER:	RETIRED: 🗆 Y 🗆 N 🗆 PARTLY		
MARITAL STATUS: DM DW DD S SPOUSE/PARTNER'S NAME:			
HOW LONG HAVE YOU LIVED IN THE ATHENS AREA? HOMETOWN AND STATE:			

Volunteers are an important part of OLLI@UGA: presenting classes, assisting with social events, member engagement, running Shared Interest Groups, and more

Would you like more information about volunteering for OLLI: \Box Yes \Box No

Would you like to be included in our member directory: \Box Yes \Box No

Would you like to be included in our monthly birthday greeting: \Box Yes \Box No

Mail this completed form and a check (\$60) to: OLLI@UGA, 850 College Station Road, Athens, GA 30602-4811.

If you wish to sign up for classes, please fill in the reverse side of this form and add the membership fee to your class fees.



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NAME:_____

EMAIL:_____

COURSE TITLE		ZOOM (Z) / IN-PERSON (P)*	SUBTOTAL
Membership fee (\$60, if not previously paid)			
Registrant total			

Donation toward the work of OLLI@UGA

*Please indicate how you intend to attend the class.

TOTAL

Not all classes will be offered in all formats, please ensure that the class you want is offered in the format selected

Card number:	 Expires (XX/XX):
Name on card:	
Billing address:	
Signature:	
-	