

THE  
UNIVERSITY  
OF RHODE ISLAND

OSHER LIFELONG LEARNING INSTITUTE

**For office use only**

Date Received: \_\_\_\_\_

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**OLLI Member Registration Form**

New Membership \_\_\_\_\_

Renewal Membership \_\_\_\_\_

URI Alumni \_\_\_\_\_ Class Year \_\_\_\_\_

**MEMBERSHIP INFORMATION**

Name: Mr., Mrs., Ms., Miss \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

D.O.B. \_\_\_\_\_ E-Mail: \_\_\_\_\_

My email may be used to notify me of OLLI related news and events: Yes \_\_\_\_\_ No \_\_\_\_\_

How did you learn about OLLI at URI? (Specify Name) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship to Member \_\_\_\_\_ Phone \_\_\_\_\_

License Plate #(for parking pass) \_\_\_\_\_

**(URI Faculty/Staff and URI Students are not eligible to receive an OLLI Parking Pass. Please advise staff if applicable)**

**Annual Membership Fee: \$50.00 per person (non-refundable)**

**Credit Card Payment:**

Credit Card Type (please circle)      Visa      MC      AMEX      Discover

Account Number: \_\_\_\_\_ 3 Digit Code (back of card): \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Please mail completed registration form with payment to:

**The University of Rhode Island  
Osher Lifelong Learning Institute  
210 Flagg Road, Room 212  
Kingston, RI 02881**

**Check made payable to:** The University of Rhode Island

Register online at [www.uri.edu/olli](http://www.uri.edu/olli)

**Note: Please complete both sides of this form.**

**OLLI MEMBERSHIP PHILOSOPHY**

OLLI is a member driven community of lifelong learners that relies on member participation to develop the organization. Joining committees and volunteering time is the foundation of the OLLI learning community.

**Are you interested in joining any of the following committee(s): (please check all that apply)**

\_\_\_\_\_ Membership/Publicity                      \_\_\_\_\_ Volunteer/Special Events  
\_\_\_\_\_ Finance    \_\_\_\_\_ Curriculum

**What types of programs or courses would you like to see offered?** \_\_\_\_\_

**When are you available to attend classes/lectures/events (please check all that apply)**

\_\_\_\_\_ Morning                      \_\_\_\_\_ Afternoon                      \_\_\_\_\_ Evening

**Other Areas of Expertise or Interest?** \_\_\_\_\_

**Are you interested in leading a course?** Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, what would be the topic?**

**OLLI MEMBER PROFILE (Optional)**

The following information will be used to help us better understand our OLLI Membership as a community and to better serve you. This information is optional and confidential.

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Ethnic Background (please check)** \_\_\_\_\_ Asian                      \_\_\_\_\_ Black/African American  
\_\_\_\_\_ Hispanic/Latino                      \_\_\_\_\_ White/Caucasian                      \_\_\_\_\_ Other (please specify)

**Employment Status:** Retired \_\_\_\_\_ Work Full-time \_\_\_\_\_  
Work Part-time \_\_\_\_\_ Not Currently Employed \_\_\_\_\_ Volunteer \_\_\_\_\_

**Current/Former Occupation** \_\_\_\_\_

Your signature below acknowledges the following:

- Photos taken during OLLI events or programs can be used in promotion material for OLLI at URI.
- OLLI and URI will not be held liable for members participating in events or programs taking place outside of the URI campuses.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

The Osher Lifelong Learning Institute at URI is a nonprofit organization through the URI Foundation. Donations are essential to the existence of this program. Members may make a tax-deductible donation through the URI Foundation to support the OLLI organization and its programs.

Yes, I would like to receive more information on how to donate to the OLLI program.

For questions, please call: 401-874-4194 or 401-874-4197, email [olli@etal.uri.edu](mailto:olli@etal.uri.edu)