



Member Application

Please print all information legibly.

Date: _____

I am: A New Member A Renewing Member
 My contact information has changed since I first joined OLLI.

Name: _____
Prefix Full Legal Name (MIDDLE NAME REQUIRED) Suffix

Member Number _____ Nickname or Preferred Name _____

Address _____

City _____ State _____ Zip Code _____

Date of birth _____

Phone _____ Cell _____ Email _____

Emergency Contact: _____
Name Relationship Phone

Retired? Yes No Education High School College Other

How did you learn about OLLI? (new members only) _____
(Please be specific.)

Permissions:

We often take pictures of OLLI members and presenters for use in OLLI publicity. Applying to OLLI implies permission to use your photo. If you do not want OLLI to use your photo, check this box.

OLLI may share your contact information with OLLI members unless you request in writing that your information be withheld

Signature _____

Date _____

Check all that apply:

Annual OLLI membership - \$40 \$ _____
 Tax-deductible gift to OLLI \$ _____
 Where my gift is most needed Tuition Assistance
Total Enclosed \$ _____

Please send application and check (made payable to OLLI at GSC) to:
OLLI at Granite State College, 8 Old Suncook Road, Concord, NH 03301

Call the office to pay by credit card.

603 513-1377

olli.office@granite.edu

<http://olli.granite.edu>

BANNER NUMBER _____ RENEWAL DUE _____

CASH _____ REG _____ DLTR _____ DDB _____ MP _____ DB _____ Vol _____