



# OSHER LIFELONG LEARNING INSTITUTE (OLLI) AT FIU

## REGISTRATION FORM

**Please Print**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M/I \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Vehicle License Plate # \_\_\_\_\_

Course Number	Title of Course(s)	Fee
<b>MEMBERSHIP</b>	Current Member: <input type="checkbox"/> YES <input type="checkbox"/> NO  If you are not a current member, the annual membership is \$40.00.	\$
		\$
<b>TOTAL DUE FOR TUITION AND MEMBERSHIP</b>		\$
<b>Please consider adding a tax-deductible donation to my TOTAL</b> (Optional: OLLI at FIU is a self-sustaining program. Our operations are not subsidized by any government entity. We depend on, and really appreciate, any contribution you can make to help support the program. Thank you for your consideration.)		\$
<b>TOTAL</b>		\$

**PAYMENT INFORMATION:**

You can fax your registration to 305-919-5484 (**do not include credit card information**) or register over the phone by calling us at 305-919-5910. Thank you. (Note: Cash or check is NOT accepted)

Name as appears on card (Please Print) \_\_\_\_\_

Visa           
  MasterCard           
  Discover           
  American Express

Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo / yy)

\*Signature \_\_\_\_\_ Credit Card Zip Code \_\_\_\_\_

**Mailing Address:** OLLI at FIU, 3000 NE 151<sup>st</sup> St., AC1-223, N. Miami, FL 33181

\*Card member authorizes charging credit card for the amount stated and agrees to OLLI registration/refund policies.

\*\*A portion of your donation supports Advancement activities at FIU.