

SPRING 2018 MEMBERSHIP FORM

Membership is required to participate in OLLI classes, activities, and events. OLLI instructors, also called "Peer Leaders," are also required to join. Joining OLLI at CSU, Chico supports its programs and enables you to enjoy our full range of offerings, make new friends, and socialize with people who share common interests.

Your Contact Information: Please check the box(es) if the information is being updated since the last time you registered.

Name _____ Member ID # _____

Address _____ City _____ Zip _____

Email _____ Phone _____

Male Female Are you retired? Yes No

OLLI shares most updates and information by email and on our website in order to conserve resources. If you do not have access to a computer or email account, please check here to receive the information by mail. []

Available Membership Options:

CHICO CHAPTER (Classes in All Locations)

- Spring '18 Only: \$85
- Summer '18 Only: \$60
- Spring '18 & Summer '18 Bundle: \$135

GREATER BUTTE COUNTY CHAPTER (Paradise & Oroville Classes Only)

- Spring '18 Only: \$45

Annual Campaign & Reentry Scholarship Gift Options:

Annual Campaign Gift Amount: \$250 \$100 \$50 \$25 Other \$ _____

I would like to schedule a Recurring Gift: [] Yes Frequency: [] Monthly [] Quarterly (3 months)

Recurring Gift Start Date: /_____/_____/ # of Gift Payments _____

*Note: Gift Amount above will be charged as the first installment, and will be the amount charged for all subsequent payments.
Example: If you wish to make a \$100 gift in four monthly installments, select \$25 as your gift amount.*

I would like to make an additional donation to the **Prime Timers Reentry Scholarship** in the amount of: \$ _____

Separate Check Enclosed, Payable to CSU, Chico University Foundation Charge My Credit Card (Enter # Below)

INFORMED CONSENT AGREEMENT: As a participant in the *Osher Lifelong Learning Institute at CSU, Chico*, I understand that risk of accident and injuries can arise out of participation in program activities and agree to release from liability and hold harmless the CSU, Chico Research Foundation, its programs, the Trustees of the California State University, and their officers and employees, from claims against them arising from injuries or property damage which might occur in connection with this activity. I certify that I am in good health and have the capacity to participate in programs of this nature. I give permission to be medically treated for illness or injury occurring during participation in the above activity, and certify that I am covered by medical insurance and/or willing to bear financial responsibility for any costs incurred in medical treatment. I also give permission for photos taken during OLLI classes or activities to be published.

Signature (Required): _____

Payment:

Check(s) enclosed. *Note: Separate Checks Required for Memberships Fees & Gifts* Charge My Credit Card \$ _____
Membership Check Payable to CSU, Chico Research Foundation. Donation / Gift Check Payable to CSU, Chico University Foundation.

VISA/MC Card # _____

Exp. _____ 3-Digit Card Security Code: _____

Please note: No refunds will be given but any unused membership fees will help to support our programs. Thank you.