

SPRING 2020 MEMBERSHIP FORM

Membership for those aged 50+ or retired 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.

Form fields for contact information including Name, Address, City, Zip, Email, Home Phone #, Cell Phone #, Emergency Contact Phone#, and Emergency Contact's Name & Relationship to You.

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

Available Chico Chapter Membership Options: Installments Available!

If you wish to pay your membership fee installments, make your selection next to the option you prefer and enter your credit card information below. As with membership fees paid in one sum, there are no refunds and no cancellations of your recurring billing installments until your membership is paid in full.

Spring '20 & Summer '20 Bundle

- 2 Payments of \$72.50 or
Single Payment of \$145

Spring '20 Only

- 2 Payments of \$62.50 or
Single Payment of \$125

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): Date:

Membership Payment:

Form fields for membership payment including Check(s) enclosed, Charge My Credit Card \$, VISA/MC Card #, Exp., and 3-Digit Card Security Code.

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