

Membership for those aged 50+ or retired is required to participate in OLLI classes, activities, and events. OLLI volunteer instructors are also required to join. Joining OLLI at Chico State supports our programs and enables you to enjoy OLLI's 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 \_\_\_\_\_  OLLI Account Username \_\_\_\_\_

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

Email \_\_\_\_\_  Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_  Emergency Contact Phone# \_\_\_\_\_

Emergency Contact's Name & Relationship to You: \_\_\_\_\_

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

**Available Membership Options:** *Installments Available!*

Make your selection next to the option you prefer and enter your credit card information below.

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

**Fall '22, Spring '23 & Summer '23 Bundle**

- 2 Payments of \$115 or
- 5 Payments of \$46 or
- Single Payment of \$230

**Fall '22 & Spring '23 Bundle**

- 2 Payments of \$107.50 or
- 5 Payments of \$43 or
- Single Payment of \$215

**Instructor Bundle: Fall '22 & Spring '23 & Summer '23**

- 2 Payments of \$92.50 or
- 5 Payments of \$37 or
- Single Payment of \$185

**Informed Consent Agreement:**

As a participant in the Osher Lifelong Learning Institute at Chico State, 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 Chico State Enterprises, 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:** Join & pay fees online at [oli.csuchico.edu](http://oli.csuchico.edu) or mail this form & payment to the OLLI office (address below).

Check(s) enclosed, payable to "Chico State Enterprises"  Charge My Credit Card \$ \_\_\_\_\_

VISA/MC Card # \_\_\_\_\_

Exp. \_\_\_\_\_ 3-Digit Card Security Code: \_\_\_\_\_