



OLLI Membership Form

Annual Membership July 1, 2012 – June 30, 2013

CRN 30001

Directions: Fill out this form if you are not a current OLLI member. Mail this form with your course registration. Membership fees of \$30 should be paid by a separate check.

MEMBER INFORMATION

Date _____ Student ID No: _____ OR Birth Date _____
month / day / year

Name _____
Last First Middle Initial

Address _____
Street City State Zip

Telephone _____ Home Cell phone
New address? Yes ___ No ___

E-mail (required) _____ Gender: Male ___ Female ___

Are you a CSUDH Alumna/us? Yes ___ No ___ Year of Graduation _____ Degree _____

EMERGENCY CONTACT INFORMATION

Primary local contact person _____ Phone _____

Address _____
Street City State Zip

PAYMENT INFORMATION

___ Check/Money Order. Please make check payable to CSUDH.

___ I authorize the use of my VISA/MC/Discover (*circle one*) for the amount of \$30

Card Number _____ Expiration Date _____ 3 Digit Security No. _____

Cardholder's Name _____ Cardholder's Signature _____

MAIL CHECK AND MEMBERSHIP FORM TO:
College of Extended & International Education
Extended Education Registration
1000 East Victoria Street, EE 1100
Carson, CA 90747