

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Complete the information below only if you are a new member or your information has changed.**

Preferred name for badge \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_  
 If you are a **new member referred** by a current OLLI member, who was it? \_\_\_\_\_

**I have read and understand the Waiver and Release of Liability for OLLI.**

**I would like to be assigned an OLLI ambassador.**

**FOR OFFICE USE ONLY**

Reg. Rec'd	CCE Entry	Type	Codes
By _____	By _____	_____ Registration	CC Auth Code _____
Date _____	Date _____	_____ Refund/Cancellation	Order # _____

2024-2025 Membership Registration -- Check One		Cost
<input type="checkbox"/>	I am a current 2024-2025 OLLI member.	\$0
<input type="checkbox"/>	I am purchasing a 2024-2025 annual membership (Valid through July 31, 2025).	\$75

Course or Event Registration:		
Number	Name	Cost
<b>Total Payment (Membership + Course Cost + Event Cost)</b>		

**Payment Method:**

**Check or money order** payable to *University of Nebraska-Lincoln* Check # \_\_\_\_\_ Amount \_\_\_\_\_

**Credit Card**     Visa     MasterCard     Discover     American Express

**Credit Card Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Return payment to:** Osher Lifelong Learning Institute, University of Nebraska-Lincoln, 105 Newkirk Human Sciences Building, P.O. Box 830800, Lincoln, NE 68583-0800