

Join OLLI today!

Half Year Membership

Member Information

	First name	Last name	
	Address		
	Preferred Phone		
	Preferred Email		
	Gender	Date of Birth (Month/Year)	
	How would you like to receive your catalogs? Email or Mail.		
	Would you like to receive e-newsletters? Yes or No.		
	Emergency Contact Name		
	Emergency Contact	Emergency Contact Phone	
Pa	ayment Informatio	n (must be included with this form)	
\$	\$32 check (payable to	OLLI at Clemson University) OR	
♦	Credit Card – circle yo	ur payment method: Visa, MC, Discover, Amex	
	Number		
	Expiration Date		
	Security Code		

Thank you! Enjoy your half year membership!

Prefer to mail the form back to us?
OLLI at Clemson University
100 Thomas Green Boulevard, Clemson SC 29631