



Membership Application Form

Office use only
PU# _____

Primary User Information

Check the appropriate category:

Faculty part-time ___ full-time ___
Empl ID# _____

Staff part-time ___ full-time ___
Empl ID# _____

OLLI Emeritus/Retiree

Recent Graduate (year _____)

Eagle/Honor Club ELI Student

Regular Alumni

Student ID# _____

Special Membership _____

Sitting Out (circle: Fall/Spring/Summer)

Salutation: Mr. Mrs. Ms. Miss Dr. Other _____

Last Name _____ **First Name** _____ **MI** _____

Birth Date _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

E-mail _____

Home Phone () _____ **Work Phone** () _____ **Cell Phone** () _____

Emergency Contact _____ **Phone** () _____

Signature of Applicant _____ **Date** _____

FOR OFFICE USE ONLY					
DATE PAID	USM ID#/REC CARD#	EXP. DATE	AMT/FORM	INVOICE#	STAFF INITIALS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____