



OLLIAT UCI

MEMBERSHIP ENROLLMENT FORM SPRING 2024

SPRING Enrollment Begins on Wednesday, January 31, 2024

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____

Email: _____

MEMBER PROFILE

In order to assess our community outreach efforts, we ask our students to complete the following information. Providing the information is strictly voluntary and is requested for statistical purposes only.

Birthdate (MO/DAY/YR): ____/____/____

- ☐ American Indian / Alaskan Native
☐ Asian / Asian American
☐ Black / African American
☐ Chicanx / Mexican American

- ☐ East Indian / Pakistani
☐ Latinx / Other Spanish American
☐ Native Hawaiian / Pacific Islander
☐ White / Caucasian

- ☐ Multi Ethnic
☐ Other
☐ Declined to state

ENROLLMENT INFORMATION

I would like to become an OLLI member.

(Choose your membership type. Make a ✓ in one of the boxes below. Sorry, no refunds on membership fees.)

____ Spring Membership: \$160 (February 2024 through June 2024)

ENROLLMENTS METHODS

Choose one:

- Online:** ce.uci.edu/olli - Starts at 7 AM. Click Enroll Online Now for Fall Term.
- Phone:** 949-824-5414
Monday – Friday, 9 AM - 4 PM
- Mail:**
OLLI Enrollment
UC Irvine Division of Continuing Education
510 E. Peltason Dr., Irvine, CA 92617-6050

COURSES

There is no limit on the number of courses included in your membership.

Course # _____ Course Name: _____
Course # _____ Course Name: _____
Course # _____ Course Name: _____
Course # _____ Course Name: _____
Course # _____ Course Name: _____
Course # _____ Course Name: _____

PAYMENT INFORMATION

Sorry, there are no refunds on membership fees.

Payment by Credit Card (Please print.)

Cardholder Name _____

Billing Address _____

City/State/Zip _____

Total Amount: \$ _____

☐ Master Card ☐ Visa ☐ American Express

Card Number _____ Exp Date: ____/____/____

Cardholder Signature _____

Payment by Check

Check #: _____

Make checks payable to: "UC Regents"

Mail this form to:

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