APPLICATION FOR MEMBER SERVICES

Thank you for your interest in our life planning membership services! Please complete this form and deliver it with the appropriate payment amount to UC Irvine Extension Student Services by any of these methods:

• Via fax at (949) 824-2090
• By mail at P.O. BOX 6050, Irvine, California, 92616-6050
• In person at Pereira Drive, west of East Peltason, in Building D on the UC Irvine campus.

If you have any questions, please call Career/Life Planning Programs at (949) 824-2212 or Student Services at (949) 824-5414.

Date: _______________________

Name: ____________________________

Last ___________________________________________First ____________________________ Middle _______________

Address _____________________________________________________________________________________________

City _____________________________________________________ State __________________ Zip _________________

Daytime phone ____________________ Evening phone _____________________ Email ___________________________________

Birthdate: _____________________________

Have you previously been a member? ______  If yes, when were you a member? _______________________

Have you ever been a UC Irvine Extension student?  _______  If yes, when were you a student? ____________________

Gender

Male  □  High School  □  Associate  □  Doctorate
Female □  Bachelors  □  Masters  □  Other ___________

Education - Highest Degree Earned

Retirement Status (if applying for Retirement Coaching or Retirement Options Club):

□ Not Yet Retired; Anticipated Date of Retirement: _______________
□ Retired on: ___________________________________________

How did you hear about us?

□ Friend/Acquaintance/Family  □ Speaker at a Community Event
□ Ad/newsletter/flyer/article  □ Other _______________________

UC Irvine Extension:

□ Website  □ Catalog  □ Student Services  □ Retirement Options Fair

Please indicate the program you would like to purchase:

____ Retirement Coaching Program:  Two 1-hour retirement coaching sessions, one month of access to our Center library and computer lab.
Fee: $65

____ Retirement Readiness Program:  Three 1-hour retirement coaching sessions; three months’ access to member workshops, Center library, and computer lab.
Fee: $100

____ Retirement Options Club Annual Membership:  Five 1-hour retirement coaching sessions; one year of access to member workshops, Center library, and computer lab; 10% discount on all Career/Life Planning courses.
Fee: $165
Application for Life Planning Member Services
Payment Information

Social Security # __________________________

☐ Check (payable to UC Regents)
☐ Money order (payable to UC Regents)
☐ Cash (Accepted in person at the UCI Extension Student Services window ONLY)
☐ Credit Card
  Charge to:  __ Visa  __ MasterCard  __ American Express

  Card #_________________________ Exp:__________
  Cardholder Name: ________________________________________________________________
  Authorizing signature:  ________________________________________________________________________

Please read carefully and sign below:
I understand that I have up to two weeks to request a refund provided I do not use any life planning services within the two weeks. I have up to one year to access the services and resources included in the program I have purchased. If I do not access any of the life planning services/resources within one year from the date of purchase, I understand that my program will expire, and no refunds will be available. I understand that the services and resources available to me in my program are activated on the date I first access life planning services/resources and remain active continuously for the length of my program.

Client Signature:  _____________________________________________________________ Date:  ________________

FOR STAFF USE ONLY

Discount:  Yes ________

Client to pay $_________ of program fees (registrar staff use WOCOMPSCHOL as discount code to discount full fee or portion of program fee)

Registration # ________________________
Date: _______________________________
Program Selected: _____________________
 Fee Paid: ___________________________
 Staff Initials: _______________________

C:\Documents and Settings\CURTISC\Local Settings\Temporary Internet Files\OLK20\Life Planning Services App Winter 06.doc
Page 2 of 2