OLLI AT 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 ☐ East Indian / Pakistani ☐ Multi Ethnic
☐ Asian / Asian American ☐ Latinx / Other Spanish American ☐ Other
☐ Black / African American ☐ Native Hawaiian / Pacific Islander ☐ Declined to state
☐ Chicanx / Mexican American ☐ 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:

1. Online: ce.uci.edu/olli - Starts at 7 AM. Click Enroll Online Now for Fall Term.
2. Phone: 949-824-5414
   Monday – Friday, 9 AM - 4 PM
3. 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:
OLLI Enrollment
UC Irvine Division of Continuing Education
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