OLLI AT UCI
MEMBERSHIP ENROLLMENT FORM FALL 2023
FALL Enrollment Begins on Wednesday, August 30, 2023

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
☐ Asian / Asian American   ☐ Latinx / Other Spanish American
☐ Black / African American ☐ Native Hawaiian / Pacific Islander
☐ 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.)

___ Annual Membership: $235 (September 2023 through August 2024)
___ Fall Membership: $160 (September 2023 through January 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

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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UC Irvine Division of Continuing Education
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