



AT UNIVERSITY OF CALIFORNIA, IRVINE

# OLLIAT UCI

## MEMBERSHIP ENROLLMENT FORM SUMMER 2024 Summer Enrollment Opens Thursday, June 20, 2024

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### MEMBER PROFILE

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

Birthdate (MO/DAY/YR): \_\_\_/\_\_\_/\_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> East Indian / Pakistani            | <input type="checkbox"/> Multi Ethnic      |
| <input type="checkbox"/> Asian / Asian American           | <input type="checkbox"/> Latinx / Other Spanish American    | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Black / African American         | <input type="checkbox"/> Native Hawaiian / Pacific Islander | <input type="checkbox"/> Declined to state |
| <input type="checkbox"/> Chicanx / Mexican American       | <input type="checkbox"/> White / Caucasian                  |  |

### 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.)

- Summer Membership: \$25 (July through August)

#### ENROLLMENTS METHODS

Choose one:

- Online:** ce.uci.edu/olli - Starts at 7 AM. Click Enroll Online Now for Summer Term.
- Phone:** 949-824-1010  
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: \_\_\_\_\_

### 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  
510 E. Peltason Dr.,  
Irvine, CA 92617-6050