FALL MEMBERSHIP ENROLLMENT FORM 2024-2025

Name: ____________________________________________________________________

Address: _____________________________________________________________________________________________________________________

City: _____________________________________________________________________ State: ___________ Zip Code: ___________

Phone: ___________________________ Date of Birth (MO/DAY/YR): __________ / __________ / __________

Email: ____________________________________________________________________

MEMBER DEMOGRAPHICS

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.

☐ 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

Select your membership type below:

_____ Annual: $235 (September 2024 - August 2025) *Available for purchase only during the Fall semester

_____ Fall: $160 (September 2024 - January 2025)

COURSE SELECTION

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

Course # ______ Course Name: ____________________________________________________________

Course # ______ Course Name: ____________________________________________________________

Course # ______ Course Name: ____________________________________________________________

Course # ______ Course Name: ____________________________________________________________

Course # ______ Course Name: ____________________________________________________________

Course # ______ Course Name: ____________________________________________________________

Course # ______ Course Name: ____________________________________________________________

Course # ______ Course Name: ____________________________________________________________

Course # ______ Course Name: ____________________________________________________________

PAYMENT & ADDRESS INFORMATION

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

Sorry, there are no refunds on membership fees.

If you would like to pay by credit card, please enroll on our website or call Student Services at (949) 824-1010.