

Osher Lifelong Learning Institute at UCI

MEMBERSHIP APPLICATION FALL 2009

First Name: _____ Last Name _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Telephone No.: _____

E-Mail: _____ New Member ____ Renewal: ____

UCI Affiliation (if any): _____

Annual Membership Dues Fall Semester \$80 _____ (September 2009 - January 2010)

Whole Year \$150 _____ (September 2009 - June 2010)

By check: make checks payable to: Regents of the University of California

By credit card: (check one) MasterCard Visa American Express

Credit Card Number: _____ Expiration date: _____

Cardholder Name: _____

Credit Card Billing Address: _____

Cardholder Signature: _____

Sorry, but there will be no refunds of membership dues

COURSE ENROLLMENT FALL 2009

Name: _____ Phone Number: _____

(Last)

(First)

Address: _____ E-mail: _____

Please choose up to 8 courses and 8 special events in priority order (1 being the class you want most, 8 the class you want least). We will make every effort to enroll you in at least 4 of your course choices and 4 of your special event choices. The Fall enrollment period is August 3-14, 2009.

	Reg. #	Course Name		Reg. #	Special Event Name
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		

For special events or courses with a fee, you may either send your check (payable to U.C. Regents) in with your enrollment form, call in your enrollment with your credit card (MC, VISA, AMEX), or include your credit card information below. **If you request a course refund, please note there will be a \$10 administrative fee. Refunds will be issued if received 30 days before the event and only if the facilitator can find a replacement.**

MasterCard Visa American Express

Credit Card Number: _____ Expiration date: _____

Cardholder Name: _____ Amount Charged: _____

Cardholder Signature: _____

Credit Card Billing Address: _____