

Join Clemson OLLI or Renew your Existing Membership Today!

Member Information

First name _____ Last name _____

Address _____

Preferred Phone _____

Preferred Email _____

Gender _____ Date of Birth (Month/Year) _____

How would you like to receive your catalogs? Email or Mail. (circle one)

Would you like to receive e-newsletters? Yes or No. (circle one)

Emergency Contact Name _____

Emergency Contact Phone _____

OLLI publishes a Member Directory online, which is password-protected and includes name, mailing and email addresses. Circle *opt out* if you do not want your information included.

Payment Information

- ◇ \$45 check (payable to OLLI at Clemson University) OR
- ◇ Credit Card – circle your payment method: Visa, MC, Discover, Amex

Number _____

Cardholder's name _____

Expiration Date _____

Security Code _____



Mail the form back to us at OLLI at Clemson University,
100 Thomas Green Boulevard, Clemson SC 29631