



M UNIVERSITY OF MICHIGAN

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OLLI-UM MEMBERSHIP APPLICATION: 2020-2021

TO REGISTER ONLINE GO TO WWW.OLLI-UMICH.ORG. REGISTERING ONLINE IS A GREAT HELP TO OLLI STAFF THIS TERM DUE TO COVID-19. IF YOU ARE UNABLE TO JOIN ONLINE, PLEASE COMPLETE AND MAIL THIS FORM.

If mailing please return to the address above together with a check for the \$25 annual membership dues for the period 9/1/20 - 8/31/21. Complete one form for each member, please.

Today's Date: _____

Title of Preference: Mr. Mrs. Ms. Miss Dr. Prof. Rev

Name (Last, First, Middle): _____

E-mail address: _____ Do not have email address

We rely heavily on email for communication. Please include your email address, if you have one.

Are you a New Member for the 2020-2021 year? Yes No

Full Street Address: _____

City: _____

State/Zip Code: _____

Main Phone #: _____

Secondary Phone #: _____

Emergency contact name: _____

Emergency contact phone #: _____

Please answer this very important question. Thanks!

How did you learn about Osher Lifelong Learning Institute at the U of M? (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Catalog | <input type="checkbox"/> Staff presentation |
| <input type="checkbox"/> OLLI emails | <input type="checkbox"/> Visit to Geriatric Clinic |
| <input type="checkbox"/> Brochure mailing | <input type="checkbox"/> Visit to Turner Senior Resource Center |
| <input type="checkbox"/> Brochure displayed elsewhere | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Friend/Word of mouth | <input type="checkbox"/> OLLI website |
| <input type="checkbox"/> Ann Arbor Observer | <input type="checkbox"/> UM Happenings |
| <input type="checkbox"/> University Record | <input type="checkbox"/> Other _____ |

There's more! Please turn over --->

In order for OLLI to pursue external funding (such as grants), we need to know more about our membership as a whole. Please complete the following questions. This information will be used for statistical purposes and reported in the aggregate only. If you do not wish to answer a specific question, just leave it blank. We appreciate your cooperation.

- Race and Ethnicity:**
- | | |
|--|--|
| <input type="checkbox"/> I prefer not to answer | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Other _____ |

Birth Year: _____

Retirement Year: _____

- Work Status:**
- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Retired | <input type="checkbox"/> Working part-time | <input type="checkbox"/> Working full-time |
|----------------------------------|--|--|

Annual Household Gross Income:

- | | | |
|---|---|---|
| <input type="checkbox"/> I prefer not to answer | <input type="checkbox"/> \$25,001 - \$50,000 | <input type="checkbox"/> Over \$100,000 |
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> \$50,001 - \$75,000 | |
| <input type="checkbox"/> \$10,001 - \$25,000 | <input type="checkbox"/> \$75,001 - \$100,000 | |

Number of people in your household:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> I prefer not to answer | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 or more |

Educational Background (a degree is not a pre-requisite for membership in OLLI at U of M):

- | | | |
|---|--|------------------------------|
| <input type="checkbox"/> I prefer not to answer | <input type="checkbox"/> Baccalaureate | <input type="checkbox"/> PhD |
| <input type="checkbox"/> High School | <input type="checkbox"/> Masters | |
| <input type="checkbox"/> Associates | <input type="checkbox"/> Professional | |

Former Occupation (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Engineer |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> IT | <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Retail Sales/Cashier | <input type="checkbox"/> Service | <input type="checkbox"/> Teacher/Professor (indicate topic area) |
| <input type="checkbox"/> Other _____ | | |

Other Skills/Hobbies _____

Volunteer Interests (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Afternoons with OLLI Committee | <input type="checkbox"/> OLLI Digital Committee |
| <input type="checkbox"/> Development Committee | <input type="checkbox"/> Study Group Committee |
| <input type="checkbox"/> Lectures Committee | <input type="checkbox"/> OLLI Out of Town (Travel) Committee |
| <input type="checkbox"/> Social Interaction Committee | <input type="checkbox"/> Finance Committee |
| <input type="checkbox"/> Special Projects Committee | <input type="checkbox"/> Other skills _____ |
| <input type="checkbox"/> Lecture Recording Auditing Help | |

Are you a University of Michigan Alumnus? Yes No

Have you received care at the University of Michigan Health System? Yes No

Have you received care at the University of Michigan Geriatric Center and/or Turner Geriatric Clinic? Yes No

If you need another Membership Application Form for a second household member: go to www.ollu-umich.org, click on Forms & Resources and print out the Membership Application Form.

