



M UNIVERSITY OF MICHIGAN

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OLLI-UM MEMBERSHIP APPLICATION: 2019-2020

Please complete this application and return to the address above together with a check for the \$25 annual membership dues for the period 9/1/19 – 8/31/20. 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.

Gender: Man Woman Transman Transwoman Genderqueer

Nonbinary Two Spirit Other

Are you a New Member for the 2019-2020 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 monthly 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"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> I prefer not to answer |
| <input type="checkbox"/> Hispanic or Latino | |

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"/> Evenings with OLLI Committee | <input type="checkbox"/> Scrapbook/Archives Volunteer |
| <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Study Group Committee |
| <input type="checkbox"/> Lectures Committee | <input type="checkbox"/> OLLI Out of Town (Travel) Committee |
| <input type="checkbox"/> Office Help | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Registration Help at Lectures | <input type="checkbox"/> Other skills _____ |

- 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.lli-umich.org, click on Forms & Resources and print out the Membership Application Form.

