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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:** \_\_\_\_\_

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

**Gender:**  Male  Female

**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"/> 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 _____                         |
| <input type="checkbox"/> Hispanic or Latino        | <input type="checkbox"/> I prefer not to answer              |

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

**Number of people in your household:**

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

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

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

**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 |
| <input type="checkbox"/> Other _____          |   |  |

Other Skills \_\_\_\_\_

**Volunteer Interests** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> After 5 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](http://www.lli-umich.org), click on Forms & Resources and print out the Membership Application Form.

