



OLLI-UM MEMBERSHIP APPLICATION: 2024-2025

Register online at www.lli-umich.org. Registering online is a great help to OLLI staff.
If you are unable to join online, please complete and mail this form with your check to the address
above. Membership runs Sept. 1, 2024 – Aug. 31, 2025.

Today's Date: _____

Title of Preference: • Mr. • Mrs. • Ms. • Miss • Dr. • Prof. • Rev • None
• Other _____

Name (Last, First, Middle): _____

E-mail address: _____ Do not have email address

Birthdate: _xx/xx/xxxx _____

Are you a first-time member for the 2024-2025 year? Yes No

Street Address: _____ Apt/Unit #: _____

City: _____ State/Zip Code: _____

Home Phone #: _____

Cell 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):

- Checkboxes for: Catalog, OLLI emails, Brochure mailing, Brochure displayed elsewhere, Friend/Word of mouth, Ann Arbor Observer, University Record, Staff presentation, Visit to Geriatric Clinic, Visit to Turner Senior Resource Center, Facebook, OLLI website, UM Happenings, 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. We appreciate your cooperation. We encourage members to fill out their preferred pronouns, as well as their race, ethnicity and gender. This data will allow OLLI to evaluate the progress made through the efforts of our Diversity, Equity and Inclusion (DEI) Initiative. We value the diversity of our membership, and it is our mission to continue to increase the diversity of our organization.

***This information will not be used in a discriminatory manner and will be held confidential.
You must be a minimum of 50 years old to be a member of OLLI.***

Gender: (Check one or more options that reflect your gender)

Female Male Non-Binary Transgender Intersex Two Spirit Gender Non-Conforming Other _____

Pronouns: (Check one or more options for the set(s) of pronouns you want people to use to refer to you)

he, him, his they, them, theirs
 she, her, hers other _____

Ethnicity: Hispanic/Latino Non-Hispanic/Latino

Race: (Check one or more options that reflect your race)

American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander
 Asian White/Caucasian
 Black or African American Other _____
 Middle Eastern

Work Status: Retired Working part-time Working full-time Not Working

Retirement Year: _____

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

GED Baccalaureate M.D.
 High School Diploma Masters J.D.
 Associates Professional PhD

Former/ Current Occupation (check all that apply):

Administration Customer Service Engineer
 Finance Fundraising Homemaker
 IT Medical Doctor Nurse
 Retail Sales/Cashier Service Teacher/Professor (indicate topic area)
 Skilled tradesperson Professional certification J.D.
 Other _____

Volunteer Interests (check all that apply):

Evenings with OLLI Committee Diversity, Equity and Inclusion (DEI) Committee
 Development Committee Study Group Committee
 Lectures Committee OLLI Out of Town (Travel) Committee
 Social Interaction Committee Finance Committee
 Membership Support Committee
 Other skills _____

Are you a University of Michigan Alumnus? Yes No

Have you received care from MM Geriatric Center/Turner Geriatric Clinic? Yes No

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