

# Register Today

and your Membership  
is active until June 30, 2026!

## 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.

Would you like to receive e-newsletters? Yes or No.

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

## Payment Information (must be included with this form)

◇ \$40 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 \_\_\_\_\_

## **Thank you!**

Prefer to mail the form back to us? Please mail it to:

OLLI at Clemson University

100 Thomas Green Boulevard, Clemson SC 29631

