

Register Today

and your Membership

is active until June 30, 2027!

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)

◇ \$65 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

