

Osher Lifelong Learning Institute Registration Form

Applicant Info	rmation	New Application	R	Renewal Application	
Please type or use bl	lack ink. Print clearly. Each me	mber must use a separa	ate form.		
Last Name	First Name		Middle Initial	Date	
Mailing Address		City	Sta	te Zip Code	
Daytime Phone	Evening Phone	Birth	Date	le	
E-mail Address		□ Yes □ No HU/Alumna/u		Year Degree	
Emergency Co	ontact Information (Pri	mary Local Con	tact)		
Last Name	First Name	Middle Initial	Home Phone	Alt. Phone	
Street Address			City	State	
Course Name		Start Date	Basic Membership Only	Office Notes Only	
Sample: Ballroor	n Dancing	8/30/2008	\$35.00		
Payment Inform	nation:				
Check: Please			ty. When paying by	check, payment of membership	
	accept VISA, MasterCard or An 5434 to make payment via teleph				
Signature:			Amount to be cha	arged: \$	
*REQUIRED:	By signing you have given Os above.	ther Lifelong Learni	ng Institute authoriza	tion to charge card for the amo	

Please mail or fax your application us: Hampton University Osher Lifelong Learning Institute University College PO Box 6162 Hampton, VA. 23668 SECURE FAX: 757-728-4175