



# Membership Form

NEW MEMBERSHIP     RENEWAL MEMBERSHIP

Please use black ink. Print clearly. Please complete payment information and select member opportunities on reverse. **This form is also available online at osher.richmond.edu**

**Membership Options** Please select your annual membership level. You may join at anytime during the year. Your membership is valid for one year from the date you join. See "Membership" in Osher schedule for complete details.

**GOLD \$400**

**FRIEND OF BML**

Please enroll me as a Friend of the Boatwright Memorial Library as part of my Gold or Gold Plus One membership.

**GOLD PLUS ONE \$600**

Please note: Both Gold Plus One members must complete Membership Forms. Complete 2nd member form on reverse.

\_\_\_\_\_  
Name of member with whom you are joining.

**SILVER \$50**

**UR OSHER \$25**

(faculty, staff, retirees)

## Member Information

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

UR ID Number \_\_\_\_\_ Date of Birth (Req'd to est. UR email acct.) \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email \_\_\_\_\_ US Citizen  Yes  No Gender  Male  Female

Are you a UR Alumna/us?  Yes  No Year of Graduation \_\_\_\_\_ Degree \_\_\_\_\_

Ethnicity/Race (Optional)

1. Are you Hispanic/Latino?  Yes, Hispanic or Latino  No

2. Regardless of your answer to the prior question, please select one from the following ethnicities that best describe you:

American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

How did you hear about the Osher Institute? \_\_\_\_\_

## Emergency Contact Information

Primary local contact person \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Payment Information** Your payment **MUST** accompany this form.

**Check.** Please enclose check made payable to University of Richmond. **WHEN PAYING BY CHECK, PAYMENT OF MEMBERSHIP FORM AND COURSE REGISTRATION MUST BE SUBMITTED ON SEPARATE CHECKS.**

**Credit Card.** We accept VISA, MasterCard or American Express. Please complete the following:

Please charge my:  VISA  MasterCard  American Express

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_ Amount to be Charged \$ \_\_\_\_\_

**Please mail or fax your form to us:**

Osher Lifelong Learning Institute  
School of Continuing Studies  
University of Richmond, VA 23173  
SECURE FAX: (804) 287-1264

**You may also drop off your form:**

OLLI Office  
Special Programs Building (#31 on UR Campus Map)  
Room 100

