



# OLLI-UM MEMBERSHIP APPLICATION: 2023-2024

Register online at [www.oli-umich.org](http://www.oli-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, 2023 – Aug. 31, 2024.

***You must be a minimum of 50 years old to be a member of OLLI.***

**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

We rely heavily on email for communication. Please include your email address if you have one.

**Are you a first-time member for the 2023-2024 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):**

- |   |   |
|---|---|
| <input type="checkbox"/> Catalog                      | <input type="checkbox"/> Staff presentation                     |
| <input type="checkbox"/> OLLI emails                  | <input type="checkbox"/> Visit to Geriatric Clinic              |
| <input type="checkbox"/> Brochure mailing             | <input type="checkbox"/> Visit to Turner Senior Resource Center |
| <input type="checkbox"/> Brochure displayed elsewhere | <input type="checkbox"/> Facebook                               |
| <input type="checkbox"/> Friend/Word of mouth         | <input type="checkbox"/> OLLI website                           |
| <input type="checkbox"/> Ann Arbor Observer           | <input type="checkbox"/> UM Happenings                          |
| <input type="checkbox"/> University Record            | <input type="checkbox"/> 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.***

**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  
 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](http://www.oli-umich.org), click on Forms & Resources and print out the Membership Application Form.*