



M UNIVERSITY OF MICHIGAN

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Membership Application Form for OLLI at U of M: 2016-2017

Please complete this application and return with \$20 to the address above. Complete one form for each member, please.

Today's Date: _____

Title of Preference:

Mr. Mrs. Ms. Miss Dr. Prof. Rev.

Name (Last Name, First Name, Middle Name): _____

E-mail address: _____

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

Gender: Male Female

Are you a New Member for the 2016-2017 year? Yes No

Full Street Address: _____

City: _____

State/5 or 9 Digit Zip Code: _____

Main Phone #: _____

Secondary 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"/> Ad in Observer | <input type="checkbox"/> Staff presentation |
| <input type="checkbox"/> Ad in University Record | <input type="checkbox"/> Visit to Geriatric Clinic |
| <input type="checkbox"/> Brochure displayed elsewhere | <input type="checkbox"/> Visit to Turner Senior Resource Center |
| <input type="checkbox"/> Brochure mailing | <input type="checkbox"/> Web/Internet (e.g. online event listing) |
| <input type="checkbox"/> Friend/Word of mouth | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Radio/TV | <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. If you do not wish to answer a specific question, just leave it blank. We appreciate your cooperation.

- Race and Ethnicity:**
- | | |
|--|--|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> I prefer not to answer |

Birth Year: _____

Retirement Year: _____

- Work Status:** Retired Working part-time Working full-time

- Annual Household Gross Income:**
- | | | |
|--|---|---|
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> \$50,001 - \$75,000 | <input type="checkbox"/> Over \$100,000 |
| <input type="checkbox"/> \$10,001 - \$25,000 | <input type="checkbox"/> \$75,001 - \$100,000 | <input type="checkbox"/> I prefer not to answer |
| <input type="checkbox"/> \$25,001 - \$50,000 | | |

- Number of people in your household:**
- | | | |
|----------------------------|----------------------------|---|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 5 or more |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 4 | <input type="checkbox"/> I prefer not to answer |

- Educational Background** (a degree is not a pre-requisite for membership in OLLI at U of M):
- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> High School | <input type="checkbox"/> Masters | <input type="checkbox"/> PhD |
| <input type="checkbox"/> Associates | <input type="checkbox"/> Professional | <input type="checkbox"/> I prefer not to answer |
| <input type="checkbox"/> Baccalaureate | | |

- Former Occupation** (check all that apply):
- | | |
|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Medical Doctor |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Retail Sales/Cashier |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Service |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Teacher/Professor |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> IT | |

Other Skills _____

- Volunteer Interests** (check all that apply):
- | | |
|--|---|
| <input type="checkbox"/> After 5 Committee | <input type="checkbox"/> Scrapbook/Archives Volunteer |
| <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Study Group Committee |
| <input type="checkbox"/> Lectures Committee | <input type="checkbox"/> Travel Committee |
| <input type="checkbox"/> Office Help | <input type="checkbox"/> Videographer at Lectures |
| <input type="checkbox"/> Registration Help at Lectures | <input type="checkbox"/> Other skills _____ |

Are you a University of Michigan Alumnus? Yes No

Have you received care at the University of Michigan Health System?
 Yes No

Have you received care at the University of Michigan Geriatric Center and/or Turner Geriatric Clinic?
 Yes No