



MEMBERSHIP APPLICATION

To become a member for the academic year, 2011-2012, mail this form, plus your registration form, along with a check for \$290.00 (membership fees) payable to:

SBF 266400

These 3 items must be received before the deadline of July 31, 2011 at:

OLL I at Stony Brook University

SBS – S101

Stony Brook, N.Y. 11794-4310

INDICATE if you are: New Member _____ **OR** Continuing Member _____
Retired SBU Faculty _____ **OR** Retired SBU Employee _____

PLEASE PRINT CLEARLY

LAST NAME: _____ FIRST NAME: _____

STONYBROOK I.D. # _____ (* for current members only*)

Required for New Members ONLY & Current Members note only CHANGES

ADDRESS: _____

TOWN: _____ ZIP _____ PHONE: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT & PHONE:# _____

STONY BROOK PARKING HANG TAG

Social Security Number * _ _ _ - _ _ _ - _ _ _ Date of Birth: * _____ 19 _____
Month Day Year

***New members only** – required for University Data Base in order to receive the *free* mandatory University parking tag:

License Plate Number: _____ State: _____

Automobile Color: _____ Automobile Make: _____

Automobile Model: _____ Model Year: _____

About the New York State Privacy & Protection Law Proposal

The yearly OLLI Member Roster indicating members’ names, addresses, phone numbers and email addresses, is a useful tool to be used to contact other workshop members. By signing this form, you are **either** giving consent, **or declining** to have this information included in the OLLI Member Roster. Available in printed form from the OLLI office, in mid-October, the roster **must not** be used for solicitation purposes.

New York State Privacy & Protection Law Proposal

OLLI prints and shares with its members a roster indicating each name, address, phone, & e-mail, as compiled from the annual membership database, for OLLI membership use only.

YES, I agree to have my personal information printed in the OLLI Member roster.

NO, I do not agree to have my personal information printed in the OLLI Member roster.

SIGNATURE: _____ DATE: _____

Waiver of Institutional Liability for Trips and Events

To participate in all OLLI trips /events, each member is asked to review the following, and then sign here below. This form will be kept in the OLLI office.

Neither SUNY, OLLI, their officers, agents, nor employees, represent or act as agents for trip/ organizers or for transportation carriers, hotels, and other suppliers of services associated with this activity/trip; nor do trip/activity organizers act on behalf of SUNY.

Neither SUNY, OLLI, their officers, agents, nor employees are responsible or liable for any injury, damage, loss, accident, delay, or other irregularity which may be caused by the defect of any vehicle or the negligence or default of organizers of the trip/activity, or any company or person engaged in providing or performing any of the services involved in this trip/activity.

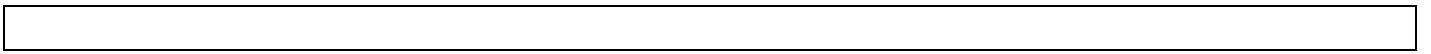
Neither SUNY, OLLI, their officers, agents, nor employees are responsible for losses or expenses due to sickness, weather, strikes, hostilities, wars, natural disasters, or other such causes; or for any disruption of travel arrangements, or any consequential additional expenses that may be incurred there from.

SIGNATURE: _____ DATE: _____

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June 8, 2011