



MEMBERSHIP APPLICATION

To become a member for the academic year, 2008-2009, mail this form (2 pages) and your registration form, along with a check for \$290.00 (membership fees) made payable to: SBF 266400

These 3 items should be received before the deadline of August 1, 2008 at:

OLLI at Stony Brook University
SBS – S101
Stony Brook, N.Y. 11794-4310

Indicate if you are a: New Member _____ OR Continuing Member _____

PLEASE PRINT CLEARLY

LAST NAME: _____ FIRST NAME: _____

STONYBROOK I.D. CARD # _____ PHONE: _____

ADDRESS: _____

TOWN: _____ ZIP _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT & PHONE:# _____

Required for New Members ONLY

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

OLLI members receive a yearly Member Roster indicating members' names, addresses, phone numbers and email addresses. It is a useful tool to be used in contacting other workshop members. By signing this form, you are either giving consent, or declining to have this information included in the OLLI Member Roster.

New York State Privacy & Protection Law Proposal

OLLI proposes to share personal information, specifically your name, address, phone, e-mail, as compiled from the annual membership database with the OLLI membership, in a distributed membership directory. Please be aware that this information will not be disseminated beyond the OLLI member community.

I agree to have my personal information shared among OLLI Members only.

I do not agree to have my personal information shared among OLLI Members only.

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: _____