

OLLI BOCA MEMBER APPLICATION/RENEWAL

Patron ID: _____ Name: _____ Email: _____

Fla. Address: _____ City: _____ Zip: _____

New Address Cell: _____ Home: _____ Community: _____
 Fla. Address Only

REQUIRED PARKING INFO.: Lic. Plate No.: _____ State: _____ New Plate

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SPOUSE'S INFO IF APPLICABLE: Name for Membership: _____ Patron ID: _____

Email: _____ Cell: _____ Home: _____

Lic. Plate No.: _____ State: _____ New Plate

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OUT OF STATE INFORMATION IF APPLICABLE: New Address Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Approx. Arrival Date in Florida: ____ / ____ / ____ Approx. Departure Date from Florida: ____ / ____ / ____

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PAYMENT METHODS: *(checks no longer accepted)*

1. ONLINE: To receive a 10% discount register at olliboca.fau.edu

2. CREDIT CARD: Visa MC Amex Discover

Card Number No.: _____

Exp. Date (mm/yy): _____ Billing Zip: _____

Security Code: _____ (3 digit no. on back of card,
Amex 4 digits on front)

Name as it Appears on Card: _____

Membership Fee <i>per person</i>		
	\$60/1 Yr. thru 6/30/21	\$100/2 Yr. thru 6/30/22
Self	\$ _____	\$ _____
Spouse	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____
Nonrefundable Payment Amount		

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	\$60/1 Yr. thru 6/30/21	\$100/2 Yr. thru 6/30/22
Self	\$ _____	\$ _____
Spouse	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Nonrefundable Payment Amount

SIGNATURE: *(required)* _____ **DATE:** ____ / ____ / ____

Please mail, fax, or deliver this form to the address listed at the bottom if not using the online payment method.

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How did you hear about us:

internet flyer newspaper another patron email other: _____

OFFICE USE: Date Recv'd.: _____, ____ a.m. ____ p.m., By: _____, ____ walk-in ____ mail ____ fax ____ other

Comments: