

OLLI MEMBERSHIP FEE REFUND APPLICATION FORM

NAME:								
PHONE #	# :							
EMAIL:								
Please ex	kplain in nar	rative form b	pelow the h	ardship that	necessitates	s your reque	est for a refu	nd.
decision i		is request	Any refund	will be redu	Director and ced by \$20 tl ntial.			
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Please return completed form to the Assistant Director in the OLLI office. The Assistant Director will then contact you to discuss your application. Please call 541-552-6048 if you have any questions.

SOUTHERN OREGON UNIVERSITY