SPRING 2019 MEMBERSHIP FORM

Please complete the form below (one form for EACH person) and send to:
Osher Lifelong Learning Institute, Towson University, 8000 York Road, Towson, MD 21252-0001

☐ Mr.  ☐ Mrs.  ☐ Miss  ☐ Ms.  ☐ Dr.  Sex: M  F  Today’s date __________________________

☐ New Member  ☐ Renewing Member

Last Name ____________________________________________ First Name ____________________________

Name you prefer on nametag ___________________________________________________________________

TU alum?  ☐ Yes  ☐ No  Date of Birth _____________________________________________________________

Street Address ______________________________________________________________________________

City _______________________________________ State ______________________  Zip _________________

Home Phone # ______________________________    Cell Phone #  ____________________________________

Email (please print) __________________________________________________________________________

☐ Please check box if you DO NOT wish to receive email messages from Osher.

Emergency Contact Name __________________________ Emergency Contact Phone #  ____________________

Are you retired?  ☐ Yes  ☐ No  Former (present) occupation _________________________________________

Would you consider teaching?  ☐ Yes  ☐ No  What subjects? ______________________________________

How did you learn about Osher?

☐ Friend  ☐ Flyer  ☐ Website  ☐ Baltimore Magazine

☐ BSO Overture  ☐ Towson Times  ☐ Other ____________________________________________________