Please Print ___ New Member     ___ Returning Member
(complete membership application also)

Date _____________________ Term: ___ Fall ___ Winter ___ Spring

Name ________________________________________________________________________________________

Address _______________________________________________________________________________________

City____________________________ State ___________________ Zip Code __________________

Telephone __________________________ Email Address ____________________________

Distance Learning Course Name(s):

1. _____________________________________________________________________________________________

2. _____________________________________________________________________________________________

3. _____________________________________________________________________________________________

4. _____________________________________________________________________________________________

Number of courses: _______

Total at $75 per course: _______

Annual Membership fee: $25 (membership period covers July 1 to June 30 each year)

Total Paid: _______

Mail this form along with your payment as soon as possible as courses are filled on a first-come, first-served basis. Make check payable to "Trustees of Tufts College."

Mail to: Marilyn Blumsack, Director  
Osher Lifelong Learning Institute  
Tufts University, 039 Carmichael  
Medford, MA 02155

fax: 617-627-6507  
tel: 617-627-5885  
email: marilyn.blumsack@tufts.edu  
web: www.tufts.edu/alumni/ed-till.html