

Appendix 3
OLLI MEMBERSHIP FEE REFUND FORM

NAME: _____

PHONE #: _____

EMAIL: _____

Please explain in narrative form below the hardship that necessitates your request for a refund.

Specify sufficient information so that the OLLI Manager and Treasurer can make an informed decision regarding this request. Any refund will be reduced by \$20 the amount charged by SOU on every membership.

This information will be kept strictly **CONFIDENTIAL**.
