Non Vaccinated Member Registration Form

Non vaccinated members are eligable to register for Zoom classes only.

MEMBER ONE

Name: _____

Email: _____

Phone: _____

Course ID	Course Title *(key words only)*	Materials Fee

Total Materials Fee(s)	
Member Registration Fee	$60
Donation	
Total Payment	

MEMBER TWO

Name: _____

Email: _____

Phone: _____

Course ID	Course Title *(key words only)*	Materials Fee

Total Materials Fee(s)	
Member Registration Fee	$60
Donation	
Total Payment	

PAY BY CHECK: Check Number: _____ *Payable to "Osher at Carnegie Mellon"*

PAY BY CARD: VISA MasterCard Discover American Express

Cardholder Name (Please Print): _____

Expiration Date: ___/___ CVV Code: ___

Card Number: _____

MAIL TO: OSHER AT CARNEGIE MELLON, 5000 FORBES AVE., PITTSBURGH, PA 15213