

THE SECOND HALF: LIFELONG LEARNING INSTITUTE

MEMBERSHIP FORM 2016-2017

Members new to The Second Half: Please complete this form.
We'd like to get to know you better and ask that you respond to the following questions.
This information will allow us to better serve all our members.

Name _____ Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

How did you hear about The Second Half? _____

Age? Under 50 _____ 50-55 _____ 56-60 _____ 61-65 _____ 66-70 _____

71-75 _____ 76-80 _____ 81-85 _____ 86+ _____

College Degree? Yes _____ No _____ Major? _____

Work Experience? _____

Are you retired? _____ Work part-time? _____

Please describe any volunteer activities/hobbies/interests _____

If you have any teaching or group leadership experience, please describe. _____

Are you interested in participating in any of the following activities?

Lead a study group Yes _____ No _____

Assist a group leader in a study group Yes _____ No _____

Serve on The Second Half Board of Directors Yes _____ No _____

Serve on a TSH committee (Curriculum, Communications, Membership, Special Events, Newsletter, Volunteer, Coordinator, Fundraising)

Yes _____ No _____ (If yes, circle which one)

Help with mailing and other office tasks Yes _____ No _____

Help with fund raising Yes _____ No _____ Help with grant writing Yes _____ No _____

Assist with the TSH website Yes _____ No _____

Membership fee is \$35.00 per year -- September 1, 2016 - August 31, 2017

Please make check payable to The Second Half and mail to 205 Bedford St., Fall River, MA 02720

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REGISTRATION FORM - FALL 2016

Name _____ Home Phone _____

Address _____ Cell Phone _____

City/State/Zip _____

Email _____

Emergency Contact: Name _____ Phone _____

ARE YOU NEW TO THE SECOND HALF? YES _____ NO _____
IF YES, PLEASE COMPLETE THE MEMBERSHIP FORM ON THE REVERSE SIDE.

STUDY GROUP SELECTIONS

(Please do not use the name of the study group; use the number listed next to the study group name.)

(1) #_ _ _ _

(2) #_ _ _ _

(3) #_ _ _ _

(4) #_ _ _ _

(5) #_ _ _ _

(6) #_ _ _ _

REGISTRATIONS ARE HANDLED ON A FIRST COME/FIRST SERVED BASIS

If you registered for a study group in Spring 2016 and did not get in because of over-enrollment, and if the **SAME** study group is being offered this semester, please register as a priority for that study group this semester.

_____ I request priority for study group # _ _ _ _ . **Requests for priority must be made by August 16, 2016.**

In case you do not get into one of the study group listed above, indicate an alternate choice: # _ _ _ _

AMOUNT DUE

___ \$35.00 Membership Dues

___ \$150.00 Tuition for up to two study groups

___ \$___ Tuition for each additional study group (\$30.00 per study group)

___ I am a Group Leader. My tuition fee is waived

___ \$___ Donation

\$___ **TOTAL**

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