

**THE SECOND HALF LIFELONG LEARNING INSTITUTE
MEMBERSHIP FORM 2021-2022**

Members new to The Second Half: Please complete this form.

We would like to get to know you better and ask that you respond to the following questions.

This information will allow us to better plan classes, trips, and special events.

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+ _____

Are you retired? _____ Do you work part time? _____

Please describe your volunteer activities/hobbies/interests. _____

In what areas would you like us to offer classes, trips, special events? _____

Membership is \$50.00 per year, September 1, 2021-August 31, 2022

Please make check payable to *The Second Half* and mail to

If you are mailing your Membership Form and are paying by credit card, please complete the following:

Name as it appears on card Credit card number Exp. Date Security Code

We do not retain your credit card information.

THE SECOND HALF: LIFELONG LEARNING INSTITUTE REGISTRATION FORM – SPRING 2022

Name _____ Home Phone _____
Street Address _____ Cell Phone _____
City _____ State _____ Zip Code _____
Email _____
Emergency Contact _____ 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 use the number of the study group, not the name, in completing your registration.

REGISTRATIONS ARE FIRST COME/FIRST SERVED. Registrations received on or before September 1 will be date stamped with that date and processed first.

(1) # _____ (2) # _____ (3) # _____ (4) # _____ (5) # _____
(6) # _____ (7) # _____ (8) # _____ (9) # _____ (10) # _____

If you registered for a class in the fall and did not get in, you may request priority admission to the SAME class if it is offered again in the spring. **Please make your request as soon as registration opens.**

Priority request for # _____

_____ **\$50.00** Membership dues

_____ **\$150.00** Tuition for up to two study groups

_____ \$ _____ Tuition for additional study groups (\$30.00 per study group)

_____ I am a facilitator. My tuition is waived.

_____ \$ _____ Donation

\$ _____ TOTAL AMOUNT DUE

Please make checks payable to *The Second Half* and mail to The Second Half, PO Box 9333, Fall River, MA 02720.

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