

**THE SECOND HALF LIFELONG LEARNING INSTITUTE**

**MEMBERSHIP FORM 2024-2025**

**PLEASE PRINT CLEARLY**

**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 \_\_\_\_\_**

**You will be contacted by email and by telephone if necessary if you do not have an email address.**

**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 hobbies, interests, and activities.**

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Membership is \$50.00 per year, September 1, 2024 - August 31, 2025

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

**The Second Half**

**PO Box 9333**

**Fall River MA 02720**