THE SECOND HALF LIFELONG LEARNING INSTITUTE

FALL 2026 RESGISTRATION FORM

PLEASE PRINT CLEARLY - THANK YOU

NAME_____ PRIMARY PHONE NUMBER_____

STREET_____CITY_____

STATE_____ZIP CODE_____EMAIL_____

EMEGENCY CONTACT_____PHONE_____

ARE YOU A NEW MEMBER PLEASE CIRCLE YES I AM - WELCOME

HOW DID YOU HEAR ABOUT US?_____

WHICH CLASSES WOULD YOU LIKE TO TAKE THIS FALL?-- JUST USE THE NUMBER OF THE CLASS FROM THE CATALOG

1_____2_____3_____4_____5_____6_____

7_____8_____9_____10_____11_____ 12_____

PAYMENT IS DUE WITH THIS REGISTRATION FORM

___$50.00 Membership Fee dues - Your Membership will run from September 1, 2026 – August 31, 2027
This covers you for both semesters
You only have to pay Membership dues once per school year – Fall 2026 – Spring 2027
____$ 150.00 Fall Tuition - you can take up to 2 classes this fall with this Tuition payment
____ $ 30.00 per course if you would like to take any additional classes this Fall
____ Donation to the Second Half
$_____Total Amount Enclosed - Thank You

If you have any questions or need additional information email me at office@secondhalflli.org

Please make check payable to THE SECOND HALF and mail it to me at our mailing address

THE SECOND HALF PO BOX 825 PORTSMOUTH, RI 02871

THANK YOU AND WE ARE SO GLAD THAT YOU ARE PART OF THE SECOND HALF