

MEMBERSHIP PROFILE

In order to keep improving our program and to insure that we continue to meet the needs of our members, we need to know more about you and your interests. Please complete the following questionnaire thoughtfully.

Thank you so much for your help.

Retirement Partial Complete

Resident of Caldwell College LLI area since _____

Education High School Some college or Associate Degree

BA/BS MA/MS/MDiv PhD/EdD/SciD

Law Medical/Dental

Major or primary discipline _____

Primary occupation/expertise _____

Avocation/expertise _____

Volunteer interests/activities _____

Do you live in a retirement community? Yes No

If yes, which? _____

How did you learn about LLI? Friend/Neighbor

Picked up LLI catalog (where?) _____

Newspaper (which?) _____

Other _____

What additional courses would you like us to offer?

Name _____
(Please print) First Last

Telephone _____

E-mail _____