

# 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** \_\_\_\_\_