



1. Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*(Required for New Members Only)*

Gulf Coast ID \_\_\_\_\_  
*(Returning Members)*

**Location  
(check one)**

- Perkinston Campus
- Jackson County Campus
- Jefferson Davis Campus
- George County Center

2.

\_\_\_\_\_

Last Name	First Name	Middle Initial	Previous Last Name (optional)
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3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Mailing Address	City	State	Zip Code
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7. \_\_\_\_\_ 8. (\_\_\_\_) \_\_\_\_\_ 9. (\_\_\_\_) \_\_\_\_\_ 10.  Male  Female

County of Residence	Telephone	Alt. Telephone	
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11. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 12. E-Mail Address \_\_\_\_\_

Date of Birth

**13. In case of emergency, provide at least two contacts that do not normally travel with you.**

Name	Phone No.	Relationship to You
Name	Phone No.	Relationship to You

14. Former / current place of employment \_\_\_\_\_

15. Vehicle license plate (State and Number) \_\_\_\_\_

16. Vehicle license plate (State and Number) \_\_\_\_\_

**17. Media Release**

As a participant in the Lifelong Learning Institute program, I understand that my name and picture may appear in various media and publications related to the Lifelong Learning Institute program. This release form covers all media for all Lifelong Learning Institute functions for the coming year.

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 MEMBER SIGNATURE

**Please mail completed form with \$50 membership payment to your local chapter.**

*(Your membership fee includes a membership to the MGCCC Alumni Association)*

**For an extra donation to the MGCCC Lifelong Institute Scholarship Fund**

**add  \$10  \$20  other \_\_\_\_\_ to your payment**

Mail Payment to: MGCCC LLI – P.O. Box 99, Perkinston, MS 39573 - 601-928-6288 for any questions

Check # \_\_\_\_\_ Credit Card \_\_\_\_\_ (VISA/MC) Exp Date \_\_\_\_\_ Code \_\_\_\_\_