## **Lifelong Learning Institute**



## **Membership Application**

1.Social Security No (Required for New Members Only)  Gulf Coast ID	(check one)	<ul><li>□ Perkinston Campus</li><li>□ Jackson County Campus</li><li>□ Jefferson Davis Campus</li><li>□ George County Center</li></ul>
(Returning Members)		
2.		
Last Name First Name	Middle Initial	Previous Last Name (optional)
3	4	56
Mailing Address	City	5 6 State Zip Code
7 8 ( )	9 (	10. □ Male □ Female
7 8. () County of Residence Telephone	Alt. Telephone	<del></del>
11// 12. E-		
Date of Birth  13. In case of emergency, provide at least two contacts that do not normally travel with you.		
13. III case of emergency, provide at	ieasi iwo comacis mai ud	o not normany traver with you.
Name	Phone No.	Relationship to You
Name	Phone No.	Relationship to You
44		
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 \$\text{start}\$ 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	c) Exp Date Code

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