## LLI Logo

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**Lifelong Learning Institute Membership Application**

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| 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)* |
| 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5.\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_ Mailing Address City State Zip Code |
| 7. \_\_\_\_\_\_\_\_\_\_\_\_ 8. (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_ 9. (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_ County of Residence Telephone Alt. Telephone  | 10. **** Male **** Female   |
| 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 ReleaseAs 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 the address below.****(***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 , Attention Lisa Bradley – 2226 Switzer Road, Gulfport, MS 39507 (228)897-9209 Check # \_\_\_\_\_\_\_\_\_ Credit Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(VISA/MC) Exp Date \_\_\_\_\_\_\_\_\_\_\_ Code \_\_\_\_\_\_\_\_\_\_\_ |

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