



MEMBERSHIP FORM

Name _____

Address _____

City _____

State _____

Zip _____

E-mail Address _____

Phone _____

Please indicate your affiliation with Lansing Community College

Current student

Graduate

Year of graduation _____

LCC Employee

Past scholarship recipient

Area of study _____

Retiree

Alumni (taken 1 class or more)

Year attended LCC _____

www.lcc.edu/alumni

(517) 483-1988

e-mail: lathropa@lcc.edu

Special 2-for-1 Membership Deal

Yes! Sign me up for two years of the Alumni Association for the price of one. Enclosed is my payment of \$20.00. Please extend my membership by two years.

This deal looks wonderful, but sign me up as a LIFETIME member instead. Enclosed is my payment of \$150.00.

Indicate Payment Method Below

Check or money order enclosed

Bill my MasterCard/VISA/Discover

Bill me

Credit Card # _____

Exp Date: ____/____

(\$10.00 of this amount supports programs and scholarships of the Alumni Association and may be considered a tax deduction as allowed by law.)

(\$125.00 of this amount supports programs and scholarships of the Alumni Association and may be considered a tax deduction as allowed by law.)

Please make payable to: LCC Alumni Association and mail to:

8021-Alumni Association,
Lansing Community College
PO Box 40010,
Lansing MI 48901-7210

For questions or more information call Andrew Lathrop at (517) 483-1988 or email lathropa@lcc.edu