

# East Mississippi Community College Alumni Association Membership Form

Name: \_\_\_\_\_ Maiden Name: (if applicable) \_\_\_\_\_

Degree/Major: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Birthday: \_\_\_\_\_

## Spouse: (if applicable)

Name: \_\_\_\_\_ Maiden Name: (if applicable) \_\_\_\_\_

Degree/Major: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Birthday: \_\_\_\_\_

## Children: (if applicable)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Membership Dues:

\$50 Yearly Single     \$150 Single Lifetime Membership

\$75 Yearly Couple     \$250 Couple Lifetime Membership

Additional Contribution: \_\_\_\_\_

Designated Fund: \_\_\_\_\_

Signature: \_\_\_\_\_

Please note: Yearly membership runs from July to June of the following year.



P.O. Box 158  
Scooba, MS 39358  
662.476.5075 Office  
662.476.5058 Fax  
foundation@eastms.edu  
[www.eastms.edu](http://www.eastms.edu)

**Return with check or credit card information  
payable to EMCC Development Foundation**

### Credit/Debit Card Payment Info (if applicable)

Credit or Debit Card Type:

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> American Express | <input type="checkbox"/> Mastercard |
| <input type="checkbox"/> Discover         | <input type="checkbox"/> Visa       |

Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_