MEMBERSHIP APPLICATION ____

INSTITUTE FOR LEARNING IN RETIREMENT

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LORAN GERALD-ILR DIRECTOR 601-276-3842; LGERALD@SMCC.EDU1146 Horace Holmes Dr. Summit, MS 39666					
Membership Type :	New Men	nber Renewal	Membership	SA	ncc
PERSON	AL INFORM	1ATION		$\left(I \right)$	$\overline{L^R}$
Name :					
Name for : Name Tag			Date Of Birth Anniversary Da	:	
Status :	Single M	larried Divorce	d Widowed		
Full Address :					
City :			Postal Code	:	
State :			Home Phone	:	
Gender :	Male	Female	Cell Phone	:	
E-Mail :					
Were you recruited by a member? If so, who?					
Emergency Conta	ict:				
Relationship:					
Cell Phone:			Alternate Phone:		
Occupation (Current or Previous)					
Retired	Semi-Retired	Employed			Profession
One-year membership (July -June) dues are \$110 per year payable with your application for membership. Make check payable to SMCC ILR					
The ILR is a volunteer organization. Please circle any area where you would like to serve: Officer/Board Member Class Presenter Committees:					
Curriculum Finan	nce Scholarshi			Publicity/Photogra	aphy Travel
As a participant in the ILR, I understand that my name and picture may appear in various media and publications. I hereby grant the ILR program at SMCC permission to publish my name and picture for all functions for the coming year.					
Member Signature	:		Date	e :	
THANK YO	OU FOR Y	OUR MEMB	ERSHIP		
outhwest Mississippi Commun or employment practices. The f					
ibson, Director of Disability Su			President for Student Affa		