



Academy for Lifelong Learning (ALL) Membership Registration Form

*** PLEASE PRINT CLEARLY ***

Date _____ Campus: LSC-CyFair LSC-Kingwood LSC-Montgomery LSC-North Harris LSC-Tomball LSC-UP

Year 20 _____ Term: Fall Spring Membership status: New Member Current Member

ALL member ID# _____

Last name _____ First _____ Middle _____

Previous last name _____ E-mail address (please print) _____

Home phone _____ Cell phone _____ Work phone _____

Date of Birth (required) ____ / ____ / ____ Gender: Male Female

Current address: Address change? Yes No

Street _____ Apt # _____

City _____ State _____ ZIP _____ County _____

Mailing address (if different): Street _____ Apt # _____

City _____ State _____ ZIP _____ County _____

Registration #	Membership Category	Membership Fee
	ALL Campus Membership (specify campus: _____)	
	ALL Campus Membership (specify campus: _____)	
	ALL GLOBAL Membership (all six campuses) @ \$55	

NOTE: Please list your course selection on reverse side of this form.

Emergency Contact Information:

Name _____ Relationship _____

Home Phone _____ Alternate Phone _____

Other: I am interested in volunteering for ALL. I am interested in teaching a class for ALL.

I agree to have ALL volunteers and staff contact me on my personal e-mail or telephone.

For Office Use Only

Method of Payment: _____

Entered by: _____

Date: _____

Code: _____

MODEL RELEASE: I acknowledge and consent to the use of my image or voice by Lone Star College System (LSCS) as captured by photography, videotape or digital format in any and all publications including but not limited to print, Internet, video or digital publication, and waive any rights to compensation in any form. LSCS is not required to obtain my permission to reuse or republish my image in the future. My image will remain the property of LSCS and be used exclusively to promote LSCS. Yes No

Member Signature _____ Date _____

----- Bottom portion will be destroyed after processing. -----

Payment is due at the time of registration. Make checks payable to Lone Star College System.

Charge to my: AMEX Discover Master Card VISA Card Expiration Date _____ Transaction Date _____

Card # _____ Security Code _____ Name on Card _____

Billing address _____ ZIP _____

Signature _____

