



# Academy for Lifelong Learning (ALL) Membership Registration Form

**Academy for Lifelong Learning**

\*\*\* 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 \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Social Security\*(optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 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 \_\_\_\_\_

\*Social Security Number (SSN) is required if you are applying for financial aid but is not required for admission. Providing an SSN will, however, speed up the processing of your application since we will not need to manually match your application with other materials such as transcripts and test scores. Supplying an SSN also ensures that you will be able to claim the Hope Tax Credit if you are eligible on your federal tax return. Lone Star College uses the SSN for compliance with federal and state reporting requirements and has a strong commitment to ensuring the privacy and confidentiality of student records and will not disclose your SSN without your consent for any purpose except as allowed by law.

Registration #	Membership Category	Membership Fee
	Academy for Lifelong Learning (ALL) Campus Membership	
	Academy for Lifelong Learning (ALL) GLOBAL Membership (all campuses) @ \$55.00	
<b>NOTE: Please list your course selection on reverse side of this form.</b>		

**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 \_\_\_\_\_

