



Academy for Lifelong Learning (ALL) Membership Registration Form

***** PLEASE PRINT CLEARLY *****

Date _____

Campus: LSC-CyFair LSC-Houston North LSC-Kingwood LSC-Montgomery LSC-North Harris LSC-Tomball LSC-UP

Year 20 _____ Term: Fall Spring Membership status: New ALL Member Returning ALL Member
LSC Student 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 _____

Name of Campus	Membership Fee
	\$25

NOTE: Please list your course selections on the reverse side of this form. If you are a new member, you must register for at least one class for your Academy for Lifelong Learning membership to become active.

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/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 (LSC) 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. LSC is not required to obtain my permission to reuse or republish my image in the future. My image will remain the property of LSC and be used exclusively to promote LSC. 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 _____



Academy for Lifelong Learning

Academy for Lifelong Learning (ALL)
Class Registration Form

*** PLEASE PRINT CLEARLY ***

Date _____

Campus: [] LSC-CyFair [] LSC-Houston North [] LSC-Kingwood [] LSC-Montgomery [] LSC-North Harris [] LSC-Tomball [] LSC-UP
Year 20 _____ Term: [] Fall [] Spring Membership status: [] New ALL Member [] Returning ALL Member

Name _____

LSC Student ID# _____

Table with 5 columns: Registration #, Course Title, Class Location, Start Date, Course Fee. Multiple empty rows for registration details.

Office Use Only

Registered by: _____

Date: _____