

Alumni Association Membership Form

Full Name: _____

Maiden Name: _____

Email: _____

Address: _____

City/State/Zip: _____

Phone: _____

Alternate Phone: _____

Dates I attended Hinds from _____ to: _____

Activities you were involved in at Hinds: _____

Spouse's Full Name : _____

Did your spouse attend Hinds? Yes _____ No _____

If yes, what years? From _____ to: _____

Children's names and ages: _____

Current Profession: _____

Company Name: _____

YES, I want to become a member of the Hinds Community College Alumni Association! Enclosed is my gift of:

\$25 \$35 \$50 Other _____

With your \$25 gift, \$10 of your gift will go towards general Alumni Association membership and \$15 will be designated for a chapter membership.

Chapters

- | | |
|---|--|
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Hi-Stepper |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Honors/Phi Theta Kappa |
| <input type="checkbox"/> Band | <input type="checkbox"/> Landscape Management |
| <input type="checkbox"/> Deaf and Hard of Hearing | <input type="checkbox"/> Nursing/Allied Health |
| <input type="checkbox"/> Faculty/Staff | <input type="checkbox"/> Rankin County |
| <input type="checkbox"/> 50+ | <input type="checkbox"/> Warren/Claiborne County Chapter |
| <input type="checkbox"/> Hinds County | |
| <input type="checkbox"/> Hinds Connection | |

Please make checks payable to:

Hinds Community College Foundation (HCCF)

Mail to: P.O. Box 1100, Raymond, MS 39154-1100