



**COAHOMA JUNIOR/COMMUNITY COLLEGE
ALUMNI ASSOCIATION MEMBERSHIP FORM**

MEMBERSHIP CHOICE: _____ ANNUAL (\$50) _____ LIFE (\$250)

Name: _____

Name at CJC/CCC (if different): _____

Address: _____ Apt: _____ Box: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (cell) _____

Email Address: _____

Graduated *class of* _____ Non graduate year(s) attended _____
year year

Major at CJC/CCC: _____

Extracurricular (football, basketball, band, etc.): _____

Leadership positions (Miss CJC/CCC, Mr. CJC/CCC, SGA, etc.): _____

Have you ever been employed by the CJC/CCC & AHS? _____ Yes _____ No

If yes, what area? _____ High School _____ College _____ Workforce Development

If no, please list company name and your job title: _____

If retired, what do you do? _____

Are you currently affiliated with a *Coahoma* Alumni Chapter? _____ Yes _____ No

If yes, what chapter and location? _____

Any additional information you wish to share? _____

Applicant Signature

Date

All dues mailed should be paid by money order or personal check only.

Mail to: Coahoma Community College, Office of Alumni Affairs, Attn: Mrs. Rita S. Hanfor, 3240 Friars Point Road, Clarksdale, MS 38614

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