



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

NON-DISCRIMINATION STATEMENT: Coahoma Community College is an equal opportunity institution in accordance with civil rights and does not discriminate on the basis of race, color, national origin, sex, disability, age, or other factors prohibited by law in any of its educational programs, activities, and employment opportunities. The following person has been designated to handle inquiries regarding the nonE discrimination policies: Michael Houston, Director of Human Resources/Coordinator for 504 / ADA, Title IX Compliance Officer, Office #A100, Vivian M. Presley Administration Building, 3240 Friars Point Road, Clarksdale, Mississippi 38614; Phone: (662) 621E 4853, Email: mhouston@coahomacc.edu