



**Southwest MS Community College
Institute for Learning in Retirement
(SMCC-ILR)
APPLICATION FORM**

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: (H) _____ (W) _____
E-MAIL: _____
BIRTHDAY: _____

- Yes, I would like to join the SMCC-ILR, and I am enclosing my yearly membership fee of \$75.00. (membership year runs from July 1 of a year to June 30 of the next)
- Yes, I meet the age requirement of 50 years or older.
- Yes, I am interested in teaching/leading/facilitating a class for ILR members.

Special area of interest _____.

- Yes, I would like to be reminded of events I sign up for.
- No, I do not want to be reminded of events I sign up for.

Please return to : Southwest MS Community College-ILR
Attn: Wendy Smith
Regional Workforce Training Center
1146 Horace Holmes Drive
Summit, MS 39666

Registration fee _____
(Payable to SMCC-ILR)

Call 601-276-3889 for more information.

Signature