



**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 \$70.00. (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