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## LOS ANGELES CITY COLLEGE ALUMNI ASSOCIATION MEMBERSHIP APPLICATION FORM

Please type or print. Complete all spaces so that your application may be processed.

Name First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ [ ] M [ ] F

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

S/S # \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Spouse Name \_\_\_\_\_

Business telephone # \_\_\_\_\_ Home telephone # \_\_\_\_\_

e-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Dates attended \_\_\_\_\_ LACC Major(s) \_\_\_\_\_ Date graduated \_\_\_\_\_

If you are currently attending or have attended a four-year college or university, please indicate:

School(s) \_\_\_\_\_

Major(s) \_\_\_\_\_

If you are currently employed, please indicate the name and address of your employer:

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

Title/Position \_\_\_\_\_

Does your company have a Matching Gift Program? [ ] YES [ ] NO

[ ] Please enroll me as a member of the Los Angeles City College Alumni Association.

Please [click here](#) to make a donation to the LACC Foundation. *Every gift counts.*

**Educating minds. Opening hearts. Celebrating community.**

**To submit this form, save the PDF to your computer, attach it to an e-mail, and send it to [info@laccfoundation.org](mailto:info@laccfoundation.org). You may also print it and mail it to the LACC Foundation office (address above).**

|                        |
|------------------------|
| Office use only        |
| Date received: _____   |
| Contribution: \$ _____ |

Please help us locate other LACC alumni (please list additional names on the back)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

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