



Alumni Association Form

Personal Information

Name: _____ Former Name (if applicable): _____ LCC ID# _____
Address: _____ City: _____ State: _____ Zip: _____
Country (if not US): _____ Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email Address: _____
Graduation Year: _____ Degree: _____ Major: _____
Occupation: _____ Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Country (if not US): _____

If Spouse Attended LCC

Spouse's Name: _____ LCC ID # _____ Spouse's Major: _____
Spouse's Degree: _____ Spouse's Year Graduated: _____
Spouse's Email Address: _____ Spouse's Cell: _____

Membership Fees

- Payment Included Pay Online Up to 1950 Free Membership
- \$20 Individual Membership (Annually) \$30 Family Membership (Annually)
- \$200 Lifetime Membership (One time payment)

Please Mail This Form To

Lassen College Foundation
P. O. Box 3000 Susanville, CA 96130
Phone: (530) 251-8824 Fax: (530) 251-8838 Email: lcfoundation@lassencollege.edu

