

John A. Logan College Alumni & Friends Association—Membership Application

Full Name: _____ Maiden or other name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Home Phone: _____ Work Phone: _____ Cell: _____

I attended JALC in the year(s) _____ My field of study at JALC was _____

My current occupation is: _____

Alumni/Friend Membership —\$15.00 (made payable to the JALC Alumni Association)

Includes Alumni T-shirt **Sizes Available: Medium _____ Large _____ XL _____ 2XL _____ 3XL _____**

Please mail your form and check to the John A. Logan College Alumni Association; 700 Logan College Road, Carterville, Illinois 62918. Thank you for your support!