

**Lake Michigan College  
Alumni Information Form**

Help us keep you up-to-date about Lake Michigan College. Please complete the following form telling us about you and either mail it to us at the address indicated below or e-mail to [klemm@lakemichigancollege.edu](mailto:klemm@lakemichigancollege.edu)

**General Biographical Information:**

Name: \_\_\_\_\_ \*Soc. Sec. #: \_\_\_\_\_  
Maiden Name (if applicable): \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ (Office): \_\_\_\_\_ E-mail: \_\_\_\_\_

\*By providing your social security number, it assists us to ensure you do not receive multiple mailings. It is merely used as an identification number in the database.

**Education:**

High School: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Years Attended LMC: \_\_\_\_\_ Did You Receive A Degree or Certificate: \_\_\_\_\_

If so, Year Received: \_\_\_\_\_ Major: \_\_\_\_\_

While attending LMC, did you participate in LMC Athletics? If so, please check appropriate sport(s):

<input type="checkbox"/> Baseball	<input type="checkbox"/> Tracking
<input type="checkbox"/> Softball	<input type="checkbox"/> Bowling
<input type="checkbox"/> Men's Basketball	<input type="checkbox"/> Golf
<input type="checkbox"/> Women's Basketball	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Volleyball	

Did you participate in other LMC clubs or organizations? If so, please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other College(s) and degree(s) earned:

\_\_\_\_\_  
\_\_\_\_\_ Years Attended \_\_\_\_\_  
\_\_\_\_\_ Years Attended \_\_\_\_\_

**Employment Information:**

Current Employer: \_\_\_\_\_

Job Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you received any special awards or recognitions? If so, please list:

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**Spouse Information:**

If married, spouse name: \_\_\_\_\_

Did spouse attend LMC: \_\_\_\_\_ If so, what years: \_\_\_\_\_

Did spouse receive a degree from LMC: \_\_\_\_\_ If so, what year: \_\_\_\_\_

What was spouse's major at LMC: \_\_\_\_\_

Would you prefer receiving mailings from the College at:

Home

Work

E-mail

Please feel free to share any other information about yourself:

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Please mail completed form to:

Mary T. Klemm  
Manager, Foundation & Alumni Services  
Lake Michigan College  
2755 E. Napier Ave.  
Benton Harbor MI 49022  
Phone: (269) 927-6849 • Fax: (269) 927-6587  
or  
e-mail: [klemm@lakemichigancollege.edu](mailto:klemm@lakemichigancollege.edu)