

UNIVERSITY OF OREGON PARENTS ASSOCIATION
MEMBERSHIP APPLICATION

CONTACT INFORMATION:

PARENT¹ NAME

E-MAIL ADDRESS

STREET ADDRESS

CITY, STATE ZIP

()

HOME PHONE

()

CELL PHONE

PARENT² NAME

E-MAIL ADDRESS²

STREET ADDRESS² (IF DIFFERENT FROM ABOVE)

CITY, STATE ZIP² (IF DIFFERENT FROM ABOVE)

()

HOME PHONE² (IF DIFFERENT FROM ABOVE)

()

CELL PHONE²

IS EITHER PARENT AN ALUM OF THE UNIVERSITY OF OREGON? YES NO

IF YES, WHAT CLASS?
CLASS OF _____

NAME OF UO STUDENT

DATE OF BIRTH

NAME OF UO STUDENT

DATE OF BIRTH

NAMES/AGES OF OTHER SIBLINGS:

NAME

AGE

NAME

AGE

(OVER)

UNIVERSITY OF OREGON PARENTS ASSOCIATION

MEMBERSHIP APPLICATION



ARE YOU INTERESTED IN BEING A:
(CHECK ALL THAT APPLY)

- COUNCIL MEMBER
- AREA REP
- PARENTS ASSOCIATION OFFICER
- MEMBER OF ORIENTATION PRESENTATION PANEL

DO YOU WISH TO WRITE
AN ARTICLE FOR THE YES NO
NEWSLETTER?

CHECK BELOW IF CIRCUMSTANCES APPLY:

- MY STUDENT IS PELL GRANT ELIGIBLE AND I AM REQUESTING A PARENTS ASSOCIATION FEE REMISSION.
- I/WE DO NOT HAVE INTERNET ACCESS AND WISH TO PAY AN ADDITIONAL \$20/YEAR TO HAVE MONTHLY NEWSLETTERS MAILED VIA U.S. MAIL.

CHECK ALL THAT APPLY:

- PARENTS ASSOCIATION ONE-TIME FEE: \$50
- U.S. MAIL FEE (IF APPLICABLE): \$20

TOTAL: _____

PLEASE MAKE CHECK PAYABLE TO **UO FOUNDATION** AND SUBMIT WITH REGISTRATION FORM TO:

OFFICE OF STUDENT LIFE
164 OREGON HALL
5216 UNIVERSITY OF OREGON
EUGENE, OR 97403-5216
(541) 346-3216

FOR OFFICE USE ONLY

AMOUNT PAID: _____
CHECK #: _____