

UNC CHARLOTTE OFFICE OF PARENT AND FAMILY PROGRAMS REGISTRATION

Please print clearly and provide the names of all sons/daughters currently enrolled at UNC Charlotte.

Student's Full Name _____
First Middle Last

Classification: Freshman Sophomore Junior Senior Graduate Student

Student's Full Name _____
First Middle Last

Classification: Freshman Sophomore Junior Senior Graduate Student

1st Parent/Family Member Full Name _____

UNC Charlotte Alumnus? Yes No

Company/Place of Occupation _____

Job Title _____

2nd Parent/Family Member Full Name _____

UNC Charlotte Alumnus? Yes No

Company/Place of Occupation _____

Job Title _____

Preferred Email Address: _____

Home Address _____

City _____ State _____ Zip _____

Primary Phone (include area code) _____

PARENT AND FAMILY ASSOCIATION MEMBERSHIP

YES, I/we would like to join the UNC Charlotte Parent and Family Association with annual membership dues of \$49.00.

Benefits include but are not limited to:

- Parents Calendar
- Print Newsletter
- Campus Discounts
- Special Invitations
- UNC Charlotte Parent Merchandise
- PLUS much more!

Are you interested in volunteering to assist with Parent and Family events and activities? **Yes** **No**

NO, I/we would NOT like to join the Parent and Family Association but would like to be included on the electronic distribution list.

*Please make checks payable to UNC Charlotte Parent and Family Association.
Send completed form along with payment (check or money order) to*

**Office of Parent and Family Programs, UNC Charlotte, 217 King Bldg.,
9201 University City Blvd, Charlotte, NC 28223**