



Parents Association Membership

To become a 2016-2017 member of the Parents Association, please return this form with your \$50 annual family membership fee to the address listed at the bottom of the form:

Student Name _____

Relationship to Student _____

Parent/Guardian Name #1 _____ T-shirt size _____

Parent/Guardian Name #2 _____ T-shirt size _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Mother

Cell Phone _____ Father

Parent/Guardian E-mail(s) _____

Payment Method

Cash

Check (please make checks payable to Trine Parents Association)

Credit Card MASTERCARD VISA DISCOVER

Name _____ Credit Card # _____

Vcode (3 digit # on back of card) _____ Expiration Date _____

\$ Amount to Charge _____ Signature _____

Return form and payment to:

Trine University

Office of Alumni and Development

1 University Avenue

Angola, IN 46703

For questions, contact Sarah Brown in the Office of Alumni and Development at (260)665-4316 or browns@trine.edu.