

**To join the UCI Parent & Family Association**, complete this form and return it with your \$35 annual\* membership fee.

### Parent/Family Information

Name \_\_\_\_\_  
FIRST LAST

Relation to student \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

### Student Information

Name \_\_\_\_\_  
FIRST LAST

Major \_\_\_\_\_

1st year    2nd year    3rd year    4th year

Please indicate method of payment

Check # \_\_\_\_\_ Checks payable to: UCI Foundation

MC    Visa    Amex    Discover

Card number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

\*Membership year is from July 1 through June 30.

**UCI**IRVINE | PARENT & FAMILY  
ASSOCIATION

**Please return membership application and payment to:**

University of California, Irvine – Parent & Family Association  
4199 Campus Drive, Ste. 400 UT, Irvine, CA 92697

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