



MEMBERSHIP APPLICATION

Your minimum annual gift of \$75 to the Georgia Fund for university-wide support will assist undergraduate student initiatives. As a University of Georgia donor and parent of a current student, you are recognized as a member of the Parents & Families Association.

Yes! I/We will play a supportive role in the extended UGA family.

MEMBER INFORMATION	1	Parent/Guardian Name _____	2	Parent/Guardian Name _____
	Home Address _____	Home Address _____		
	City _____ State _____ Zip _____	City _____ State _____ Zip _____		
	Phone: Home _____ Cell _____	Phone: Home _____ Cell _____		
	E-mail _____	E-mail _____		
	Name of Business _____	Name of Business _____		
	Job Title _____	Job Title _____		
	Business Phone _____	Business Phone _____		
	College Attended: <input type="checkbox"/> UGA <input type="checkbox"/> Other: _____	College Attended: <input type="checkbox"/> UGA <input type="checkbox"/> Other: _____		
	Graduation Year(s) _____ Degree(s) _____	Graduation Year(s) _____ Degree(s) _____		

STUDENT INFORMATION	List all children in your family: students, alumni, etc with nicknames in parentheses.	
	Name 1: First qualifying UGA student _____	Name 3 _____
	Class of: _____	Class of: _____ Enrolled at UGA? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If not UGA, current educational institution and class year: _____
Name 2 _____	Name 4 _____	
Class of: _____ Enrolled at UGA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Class of: _____ Enrolled at UGA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not UGA, current educational institution and class year: _____	If not UGA, current educational institution and class year: _____	

PAYMENT INFORMATION	Qualifying Georgia Fund gift for Parents and Families Association membership:		<input type="checkbox"/> Please contact me regarding the \$2500 Parents & Families Council leadership opportunity.
	\$ 75	For academic year: _____ to _____	
	\$ _____	Additional gift to support the Parents & Families Fund	
	\$ _____	Total	
	<input type="checkbox"/> I made my gift online at www.externalaffairs.uga.edu/os/makegift		
	<input type="checkbox"/> Check enclosed made payable to The Arch Foundation		
	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
	Card Number _____	Exp. Date _____	
	Name as it appears on the card _____		
	Signature: _____		

PRINT AND SEND WITH PAYMENT TO:
Office of Development
394 South Milledge Avenue
Athens, GA 30602