

*Parents' Club of Stanford University*

**MEMBERSHIP FORM 2018-2019**

**You need to complete this form each year to be a member of the Parents' Club. We'll remind you when it's time to order for birthdays and finals. Your orders support the Club's Scholarship Fund!**

I am committed to supporting Stanford University and its students by my membership in the Parents' Club of Stanford University from July 1, 2017 to June 30, 2018. By signing this form, I give permission for my photo, taken at any Parents' Club event, to be used by the University or the Parents' Club on their websites and/or in promotional material and I realize that my contact information may be distributed to members solely so they can contact me regarding Club business. Further, I consent to have the Parents' Club deliver by electronic transmission notices of annual and other meetings of members, proxy solicitations, elections and all other communications to me at the email address I have provided below. Please note that members who do not have an email address or who do not wish to receive notices electronically may elect to receive notices and other communications from the Parents' Club in paper form. If, after signing below to indicate your consent to receive communications by email, you wish to withdraw your consent, you may do so by sending a written notice to the Parents' Club at the address below. In order to reduce the administrative burden and costs to the Parents' Club, all members are encouraged to consent to receiving communications by email. Parents' Club welcomes the participation from its members from all nationalities, races, genders, religions, and cultures. **There is no fee to join. Online version available at our website.**

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(Please PRINT legibly)      Your Name \_\_\_\_\_

New Member                       Renewing Member

Partner's Name \_\_\_\_\_ Partner's Email \_\_\_\_\_

Your Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip code \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name of Stanford Student(s) and Graduation Year(s)  
\_\_\_\_\_

Signature \_\_\_\_\_ Partner's Signature \_\_\_\_\_

(Needed only if partner chooses to be a voting member also)

I would like to help deliver cakes, balloons, brownies, etc. to students on campus.

To join, mail this completed form to: Parents' Club of Stanford University P.O. Box 19444, Stanford, CA 94309

[stanfordparentsclub.worldsecuresystems.com](http://stanfordparentsclub.worldsecuresystems.com)

[parentsclub.stanford@gmail.com](mailto:parentsclub.stanford@gmail.com)