MEMBERSHIP FORM 2019-2020

Thank you for joining us! You must renew each year by completing this form, in order to be a voting member of the Club. There is no fee to join or renew.

I am committed to supporting Stanford University and its students by my membership in the Parents’ Club of Stanford University until June 30, 2020. 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.

(Please PRINT legibly)

☐ New Member    ☐ Renewing Member

Your Name____________________________________     Partner’s Name __________________________________
Your Email ___________________________________      Partner’s Email ____________________________
Signature______________________________________    Partner’s Signature ____________________________

New Members: Please fill out all of the information below

Renewing Members: ☐ Please check if all of the information below is unchanged. Otherwise, please enter updates.

Street Address___________________________________________________________________________________
City________________________________    State_____   Country _______________    Zip Code_______________
Home Phone __________________________________     Cell Phone ______________________________________
Stanford Student Name ___________________________________   Graduation Year of Student ________________
Stanford Student Name ___________________________________   Graduation Year of Student ________________

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

Mail this completed form to: Parents’ Club of Stanford University
P.O. Box 19444, Stanford, CA 94309

As a Section 501(c)3 nonprofit, the Parents’ Club is a proud to raise funds to support programs for Stanford students and families, including our Scholarship Fund. There is no fee to join the Club. Any donations made to the Parents’ Club support these efforts.

Wesite: parentsclub.stanford.edu    Sign up online @ parentsclub.stanford.edu/join.html
Email us: ParentsClub.Stanford@gmail.com