

MU Parents Association Membership Application Form

Parent Information

Mother's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Email: _____

Father's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Email: _____

Please Note: Email will be used to forward MUPA information only.

MEMBERSHIP OPTIONS

Membership year runs September 1 thru August 31.

- One year (\$25) enrolled full time at MU
- Lifetime (\$60 for period your student is enrolled full time at MU)

PAYMENT OPTIONS

- Check attached - made payable to MU Parents Association / Check # _____
- Please charge to my student's account:
MU Student ID # _____ (Charges will appear on MU billing statement)

Student Information

Current Mizzou Student(s)

_____ Status Fr. So. Jr. Sr.
Name Student ID # Graduation Date: _____

_____ Status Fr. So. Jr. Sr.
Name Student ID # Graduation Date: _____

- I am interested in attending a regional meeting of the organization
- I would like to be contacted to assist MU Parents Association with one or more of its activities
- I am interested in more information about becoming a board member of the MU Parents Association
- I would like to receive regular email updates of University and MU Parents Association news & activities