**Student-Parent Association (S.P.A)**

**Membership Form**

Information with a (\*) is optional

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name MI

Local Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Best time to call: \_\_\_AM\_\_\_PM

Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Best time to call: \_\_\_AM\_\_\_PM

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Female \_\_\_\_\_Male \*Single Parent? \_\_\_Yes \_\_\_No

\_\_\_\_\_U of L Student \_\_\_\_\_JCTCS Student \_\_\_\_\_Other University/College (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_U of L Alumni Student-Parent \_\_\_\_\_Undergraduate \_\_\_\_\_Graduate

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Partner/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Local Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Female \_\_\_Male

\_\_\_U of L Student \_\_\_JCTCS Student \_\_\_\_\_Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_U of L Alumni Student-Parent

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please complete the reverse side of this form)

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Male \_\_\_Female

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Male \_\_\_Female

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Male\_\_\_ Female

What do you hope to get out of this group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would help you succeed as a student parent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Student Parent Association may be featured in various publications such as newspapers, newsletters, brochures, etc. Please check the following if you give consent to use photos of you and your child (ren) in such promotional and informational materials:

\_\_\_Newspapers (Such as local newspapers, magazines, student newspaper)

\_\_\_Websites (Women’s Center, Student Parent Association and/or other official University websites)

\_\_\_Television

\_\_\_Public Relations (Such as advertisements, power points, etc.)

Please provide suggestions of topics for meetings and family activities. What would you like to learn more about and what does your family enjoy doing together?

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date entered into database: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information sent if requested: \_\_\_\_\_\_\_\_\_\_

Add to e-mail listserv: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dues paid at time of application: \_\_\_\_\_Yes \_\_\_\_\_No

Please return completed application to: Women’s Center, #4 Administrative Annex Building, University of Louisville, Louisville, KY 40292; Telephone: (502) 852-8976 or via email to [phyllis.webb@louisville.edu](mailto:phyllis.webb@louisville.edu)

Web site: <http://www.louisville.edu/womenscenter>; Service account: [womenctr@louisville.edu](mailto:womenctr@louisville.edu)