

**HOLY FAMILY UNIVERSITY
PARENTS AND FRIENDS MEMBERSHIP FORM**

Annual membership in the Parents and Friends Group is \$10 per family. Please print this form, complete it with the appropriate information and fax it to: 1-215-637-2110, or mail it with your membership dues to:

Parents and Friends Organization
c/o Alumni Relations Office
Holy Family University
9801 Frankford Ave
Philadelphia, PA 19114

Parents' Names: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone #: _____

E-mail: _____

PAYMENT INFORMATION:

Annual Dues \$ 10

Check

(payable to Holy Family University)

Credit Card

(Visa, MasterCard, Discover, AmEx)

Card # _____

Expiration Date: ____/____/____

3-Digit Security Code: ____ _

Cardholder (please print):

Signature:

RECORDS INFORMATION:

Son/Daughter's Name and Class Year:

Are you or your spouse an alumna/us?

YES NO

Your Employer: _____

Your Title: _____

Spouse's Name: _____

Spouse's Employer: _____

Spouse's Title: _____