



**To join the UCI Parent & Family Association**, complete this form and return it with your \$35 annual\* membership fee.

**Parent/Family Information**

Name \_\_\_\_\_  
FIRST LAST

Relation to student \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

IMPORTANT: To ensure receipt of UCI Parents messages, you MUST add **parents@uci.edu** to your address books.

**Student Information**

Name \_\_\_\_\_  
FIRST LAST

Major \_\_\_\_\_

☐ 1st year   ☐ 2nd year   ☐ 3rd year   ☐ 4th year   ☐ Other: \_\_\_\_\_

Please indicate method of payment

☐ Check # \_\_\_\_\_ Checks payable to: UCI Foundation

☐ MC   ☐ Visa   ☐ Amex   ☐ Discover

Card number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

\*Membership year is from July 1 through June 30.



**Please return membership application to:**

University of California, Irvine – Parent & Family Association  
 100 Theory Suite 250, Irvine, CA 92617