



## Membership Application Form

### Student Information

\_\_\_\_\_  
Student's Name (last name, first name)

\_\_\_\_\_  
CSU, Fresno Student ID Number

### Parent Information

\_\_\_\_\_  
Father's Name (last name, first name)

\_\_\_\_\_  
Mother's Name (last name, first name)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(      )  
\_\_\_\_\_  
Home Phone

(      )  
\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Parent Email Address (please print clearly)

Are you interested in being a Parents Association Board Member?    Yes    No

Please mail this form with your \$20 membership fee to:

Parents Association  
California State University, Fresno  
5150 N. Maple Ave., M/S JA 67  
Fresno, CA 93740

Make your check payable to **CSU, Fresno Foundation**  
Please write "Parents Association" in the memo portion of your check