

**NC STATE UNIVERSITY  
PARENTS & FAMILIES ASSOCIATION REGISTRATION CARD**

Name (s) \_\_\_\_\_

Permanent Address \_\_\_\_\_

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

Telephone Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

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

*(Please include you email address. We will use it to send you your Association e-newsletter.)*

Student's Full Name \_\_\_\_\_ Student ID \_\_\_\_\_

**Association Registration:** There is a \$55.00 registration fee per household to join.

Enclosed is my check or money order for \$55.00 made payable to NC State University. Please do not send cash.

Please charge \$55.00 to my: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard  
*A \$3.00 handling charge will be added to all credit card orders.*

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Refund Policy:** Sorry. We are not able to offer refunds.

**Return this form and payment to:**  
Parents & Families Services  
Attention: Parents & Families Association  
NC State University  
Box 7306  
Raleigh, NC 27695-7306.

For Office Use Only:
Received: _____
Entered: _____

Thank you for joining!