



PARENT ASSOCIATION MEMBERSHIP FORM

Your participation is greatly needed in order for the program to be successful. Please consider doing one of the committees or chair a committee. You will not be alone; all members are asked to participate and support the program.

Parents Name: _____ Students Name: _____ Grade Level: _____

Local Address: _____

Street City FL Zip Code
Home Phone: () _____ Cell: () _____ Work Phone: () _____ \

Home Email: _____ Work Email: _____

What talents and skills do you have that could assist or help the association? Please describe in detail:

Talents _____ Catering _____ Sewing _____

DJ _____ Nurse _____ Secretary _____

Budget/Accounting _____ Police Officer _____ Sports _____

Others _____

If you work for a company or know of someone that would be willing to sponsor an activity, scholarship, AD's, copying of materials, etc. Please let us know _____

Please check the committee's that you are interested in working with:

Scholarship _____ Fundraising _____ Social/Program _____

Community Service Projects _____

Would you like to become an Officer? Yes _____ No _____ Maybe _____

Would you like to Chair a committee? Yes _____ No _____ Maybe _____

Signature: _____ Date: _____

Signature: _____ Date: _____

PLEASE RETURN FORM

UPWARD BOUND PROGRAM

University of South Florida • 4202 East Fowler Avenue, SVC2034 • Tampa, FL 33620-6934
(813) 974-9138 • FAX (813) 974-2022