



SUNY Maritime Parents Association

MEMBERSHIP APPLICATION

Please print clearly and fill out completely.

MEMBER INFORMATION

PARENT LAST NAME	PARENT FIRST NAME	RELATIONSHIP TO STUDENT	
STUDENT LAST NAME	STUDENT FIRST NAME	YEAR	
PRIMARY E-MAIL ADDRESS			
STREET ADDRESS	CITY	STATE	ZIP CODE
CELL PHONE	FACEBOOK ACCOUNT NAME		

The above information may be shared with Maritime College ONLY.

I am interested in being a Parent Association volunteer (circle one): **Yes** **No**

PAYMENT INFORMATION

\$200 one time fee			
CREDIT CARD	CHECK #	CASH	PAYPAL

CREDIT CARD PAYMENTS

NAME (as it appears on credit card)			
CREDIT CARD TYPE (circle one) VISA MASTERCARD DISCOVER AMEX	CREDIT CARD #		CREDIT CARD VERIFICATION
	CREDIT CARD EXPIRATION DATE		
SIGNATURE			
I authorize SUNY Maritime College Parent Association to charge the above credit card for the above fee.			

MUG

T-shirt