



DOUGLASS COLLEGE PARENT'S ASSOCIATION

Membership Form

Title Ms. Mrs. Mr. Name(s) _____
First Middle Initial Last

Address _____

City _____ State _____ Zip _____

Home Phone _____ E-mail _____

Work Phone (optional) _____ Occupation (optional) _____

Name of Daughter _____ Class Year _____
First Last

I would be interested in serving on:

Awards Committee

Events Committee

I am interested in the position of:

President

Vice President

Treasurer

Secretary

Chairing a committee (state which one): _____

I am a Rutgers University alumna/us (College _____ / Graduation Year _____)

Please make checks payable to the Douglass College Parents' Association. Mail this form and payment to:

Today's Date _____

Douglass College
Rutgers, The State University of New Jersey
100 George St.
New Brunswick, NJ 08901-1412
Attn: Dean Jocelyn Briddell