



LIPSCOMB UNIVERSITY

2009-10 Parent Council Membership Form

Please type or print legibly.

Send Completed Form to: Amy Hamar; Office of Alumni & Parent Relations; Lipscomb University; One University Park Drive; Nashville, TN 37204

Phone: 615.966.6216 | Facsimile: 615.966.1882 | E-mail: amy.hamar@lipscomb.edu

PARENT(S) INFORMATION

Father's Name (Mr. /Dr.) _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ E-mail _____

Employer _____

Lipscomb Alumna/us Yes No Graduation Year/Class _____

Mother's Name (Ms. / Mrs. /Dr.) _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ E-mail _____

Employer _____

Lipscomb Alumna/us Yes No Graduation Year/Class _____

STUDENT(S) INFORMATION

1 Student Name _____

Local Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ E-mail _____

Graduation Year/Class _____ Major _____

2 Student Name _____

Local Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ E-mail _____

Graduation Year/Class _____ Major _____

____ YES, I/we want to serve as a member/s of the Lipscomb Parent Council. I/we understand that Council member(s) are (a) encouraged to attend two annual meetings and (b) must make an annual leadership gift to Lipscomb University.

____ NO, I am/we are not able to serve as a member/s of the Lipscomb Parent Council.

Signature

Date

Signature

Date