



PARENTS LEADERSHIP COUNCIL  
MEMBERSHIP FORM

If you are interested in joining the Parents Leadership Council (PLC), please complete and return this form so that we welcome you to PLC meetings and keep you informed of what is happening with PLC. To learn more, you may also contact Kerri Carlyon, in the Office of Institutional Advancement, at (904) 819-6240 or KCarlyon@flagler.edu.

**Yes, I would like to join the Parents Leadership Council. Enclosed is my President's Society gift to the Flagler Fund-Greatest Need.**

*\*Please make checks payable to Flagler College. To make your gift online visit-<https://secure.qgiv.com/for/flacol/>*

**STUDENT'S NAME** (First, Middle, Last) \_\_\_\_\_ Sex:  M  F  
Entering as:  Freshman High school attended: \_\_\_\_\_  
 Transfer student Name of previous institution: \_\_\_\_\_  
Estimated date of graduation: \_\_\_\_\_

**FATHER'S/GUARDIAN'S NAME** (First, Middle, Last) \_\_\_\_\_  
Father's address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Company \_\_\_\_\_ Job Title \_\_\_\_\_  
Work Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Father's College/Degree: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

**MOTHER'S/GUARDIAN'S NAME** (First, Middle, Last) \_\_\_\_\_  
Mother's address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Company \_\_\_\_\_ Job Title \_\_\_\_\_  
Work Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Mother's College/Degree: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

**ADD GRANDPARENT CONTACT INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

**STUDENT'S RELATIVES WHO HAVE ATTENDED FLAGLER COLLEGE**

Name	Relationship	Graduation Year
_____	_____	_____
_____	_____	_____