



BENNETT COLLEGE

**PARENTS' ASSOCIATION
MEMBERSHIP FORM**

Date _____

NAME _____ PHONE _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____ WORK PHONE _____

____ Parent
____ Grandparent
____ Guardian
____ Other _____

_____ Student's Name/Class Year

I/we want to do the following:

_____ \$25.00 Annual Individual Membership (year extends from time of dues until the end of the academic year)

_____ \$192.60 for the "1926 Society"

Total Enclosed _____ (cash, check, money order or credit card)

Make check/money order payable to Bennett College.

Credit Card: _____ AMEX _____ MC _____ VISA _____ DISCOVER

Credit Card Number: _____ Exp. Date: _____

Name as It Appears on Card: _____

Signature: _____

Mail Form and Payment to:
Bennett College
ATTN: Wanda Mobley
900 E. Washington Street
Greensboro, NC 27401