

Student Parents on a Mission (SPOM) Membership Registration Form

Information with a (*) is optional				
Name:			Birthday:	
Last Name Local Address:	First Name	MI	Phone:	
Street	City	ZIP	1 Hone	
M or F *Single Parent? Y or N	Expected Graduation Date:		Major:	
Email Address:	*Ethnicity:			☐ Undergrad☐ Grad Student
*Partner Name:			Birthday:	
*Partner Name: Last Name	First Name	MI		
*Local Address: Street	City	ZIP	Phone:	
M or F MSU Student? Yes		Date:	Major:	
Email Address:	*Ethnicity:			☐ Undergrad☐ Grad Student
Child Name: Birthday: Male or Female Child Name: Male or Female Child Name: Birthday: Male or Female Child Name:				
Student Parents on a Mission is occasionally in publications such as newspapers, newsletters, brochures, etc. Please check you lik			e provide suggestions of ngs and family activities ke to learn more about a family enjoy doing toget	. What would nd what does
			Signature	



Last Revised:

OFFICE USE ONLY:

Date Received:

Entered into database:_

Information sent if requested:_

Add to e-mail listserv:_

Dues paid at time of application?

 Δ mount? \$ for semester(s)

Please return completed application and dues (\$12/semester or \$20/year) to:

(Checks can be made out to

Student Parent Resource Center

Date

1199 Garden City Road, Office 107 East Lansing, MI 48823