



## Mountaineer Moms Parent Organization 2009 – 2010 Membership Form

Mountaineer Mom (or Dad) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Mountaineer 1: \_\_\_\_\_

SU Campus Mailbox #: \_\_\_\_\_ Residence Hall or Apt: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birthday (mm/dd/yr): \_\_\_\_\_

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

Classification: SR JR SOPH FISH Major: \_\_\_\_\_

Is he/she graduating this year? \_\_\_\_\_ December 09 \_\_\_\_\_ May 10 \_\_\_\_\_

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Mountaineer 1: \_\_\_\_\_

SU Campus Mailbox #: \_\_\_\_\_ Residence Hall or Apt: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birthday (mm/dd/yr): \_\_\_\_\_

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

Classification: SR JR SOPH FISH Major: \_\_\_\_\_

Is he/she graduating this year? \_\_\_\_\_ December 09 \_\_\_\_\_ May 10 \_\_\_\_\_

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Please register me as a member of the Mountaineer Moms Organization. I am returning this form with my \$25.00 (per student) membership dues for 2009 – 2010.

Please mail this form with dues to:

Tammi Clanton-Elmore  
Schreiner University  
CMB 6219  
2100 Memorial Blvd  
Kerrville, TX 78028

Make checks payable to:  
Schreiner University