

Florida State University  
***Family Connection***  
 Membership Form

Student Information	_____	_____	Academic Year at FSU			
	First Name	Last Name	1st	2nd	3rd	4th

Family Member 1	_____	_____	Relationship to Student			
	_____	_____	ST	Zip		
	_____	( ) - _____	FSU Alumna/us			
	E-mail	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Family Member 2	_____	_____	Relationship to Student			
	_____	_____	ST	Zip		
	_____	( ) - _____	FSU Alumna/us			
	E-mail	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No			