



**FAMILY LEADERSHIP COUNCIL  
MEMBERSHIP FORM**

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

☐ **Yes, I would like to join the Family 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
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