



Preferred Parent Program Membership Form

Please Print Clearly **All Fields Required**

<u>Today's Date</u>	
<u>Last Name:</u>	
<u>First Name:</u>	
<u>Spouse's Name:</u>	
<u>Address:</u>	
<u>Email Address:</u>	
<u>Phone Number:</u>	
<u>Cell Phone Number:</u>	
<u>Child's Name</u>	
<u>Will you have more than one child attending Miami? Year and Name:</u>	

Dates of Interest (check all that apply)

Year (s)	2011	2012	2013	2014	2015	2016
Family Weekend						
Spring Graduation						

***You must spend at least one night in our hotel before you are considered an active member!**

***Mail or fax the membership form to:**

The Elms Holiday Inn

75 South Main Street

Oxford, Ohio 45056

Phone: 513-524-2002

Fax: 513-524-2003