



Pacific University
Nā Haumāna O Hawai‘i Membership Information

Date _____

Please complete this form and return to NHOH, 2043 College Way UC Box A113, Forest Grove, OR 97116. If you are returning this form in person, return it to Clark Hall Room 218.

First Name:		MI:	Last Name:		Preferred Name:
Gender: (optional)		Pronouns: (optional)		Student ID #:	UC Box:
Pacific Email:		Residence Hall:		Room #:	Yr. & Semester: Entered Pacific
Anticipated Grad Yr: <input type="checkbox"/> 2027 <input type="checkbox"/> 2026 <input type="checkbox"/> 2025 <input type="checkbox"/> 2024		Major/Minor:			Cell Phone:
<input type="checkbox"/> Transfer Student		<input type="checkbox"/> International Student			

STUDENT INFORMATION:

Permanent Home Address:			
City:	State:	Zip Code:	Island:
High School Attended:			Year Graduated:

PARENT/GUARDIAN INFORMATION:

Name:			Relationship:
Home Address:			
City:	State:	Zip Code:	Island:
Cell Phone:	Email:		Business Phone:
Occupation:			

Name:			Relationship:
Home Address:			
City:	State:	Zip Code:	Island:
Cell Phone:	Email:		Business Phone:
Occupation:			

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name:		Relationship:
Address:		
Cell Phone:	Business Phone:	

<i>For Office Use Only</i>	Date Form Rcvd:	Rcvd by:
Date Added to Receivables/By _____/_____/_____	Date added to Class Google Group/By _____/_____/_____	

Date added to NHOH List Serve/By _____/_____/_____	Date added to 'Ohana List Serve/By _____/_____/_____	May 2023
--	--	----------