

Fall Semeste	r 2020:	Remote	On Campus
Return:	_Winter Terr	n Spring S	emester 2021

This form must be completed annually. Please complete this form electronically, print and return completed form with your payment to Janalei Chun, 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. Please make checks payable to: NHOH. Fill out form as much as possible. **STUDENT INFORMATION**

First Name:				MI:	Last Name	e:			Pre	eferred Name:
Gender:	Female 1	Male	Stude	nt ID#		UC	Box:		Paci	fic Email:
Year Entered	Pacific:	A	nticipate	d Grad Yr:	2024	202	3 20	22	2021	Major:
College Resi	dence:			Room	#:					Cell Phone:
<u> </u>										
Permanent H	ome Address:									
City:		State:		Zip Code: Island:		and:			Home Phone:	
High School	Attended:						Year C	Graduat	ed:	
PARENT/GU	JARDIAN INI	FORM	ATION							
Name:								Rela	tions	hip:
Home Addre	ss:									
City:			Sta	ate:	Zip Co	de:		Isl	and:	
Home Phone	:		Cell Pl	none:			Ema	ail:		
Occupation:								Busin	ess Pl	none:
Name:					Relationship:			hip:		
Home Addre	ss:									
City:			Sta	ate:	Zip Co	de:		Isl	and:	
Home Phone	:		Cell Pl	none:			Ema	ail:		
Occupation:								Busin	ess Pl	none:
PERSON TO	CONTACT I	N CAS	E OF E	EMERGE	CNCY					
Name:								Rel	ations	ship:
Address:										
Home Phone	:		Cell Phone:					Business Phone:		one:
For Office Use O	nly			Date Rcv	/d				Ro	cvd by
Complete Mem	bership Fee \$100.	00			Cash	Ch	eck #			
New Student M	embership/First A	ctivity Fe	ee \$40.00	or \$30	.00		Cash	h Ch	neck#	
Date Added to F	Receivables/Rv		/		Date ad	ded to (Class Goog	gle Grou	o/Bv	/

Date added to NHOH List Serve/By/	Date added to 'Ohana List Serve/By/	July 2020