



## MEMBERSHIP REGISTRATION FORM

I, \_\_\_\_\_ (print name) am registering to become a member of *MOVING FORWARD* Limb Loss Support Group, Inc. In doing so, I agree to support the mission statement of the organization and to abide by its bylaws.

I am registering as (check one):

- A person with limb loss  
 A spouse, significant other, or caregiver (includes parent) of a person with limb loss  
 Other (friend, relative, business professional)

I am (check one):      18 years of age or older      under 18 years of age  
 My date of birth is \_\_\_\_\_

### CONTACT INFORMATION:

Address (please include zip code): \_\_\_\_\_

Phone: \_\_\_\_\_ (home)     \_\_\_\_\_ (cell)

Email: \_\_\_\_\_

I prefer to be contacted by:      phone      email

### AUTHORIZATION TO SHARE INFORMATION (check one):

I give permission for my contact information to be shared with the membership of *MOVING FORWARD*, as well as to be used for the purpose of mailing newsletters or other group information.

I give permission for my contact information to be used only for the purpose of mailing newsletter or other group information.

I give permission for my contact information to be share with the membership of *MOVING FORWARD*, but do not wish to be included on the mailing list.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 (if under the age of 18, a parent must sign)