



MEMBERSHIP FORM

NAME: _____

ADDRESS _____

PHONE NUMBER _____

EMAIL ADDRESS _____

SSN: _____ DATE OF BIRTH _____

TYPE OF MEMBERSHIP

INDIVIDUAL FAMILY ORGANIZATION/CORPORATE VOLUNTEER

PRIMARY INTEREST

EDUCATIONAL PROGRAMS SUPPORT SERVICES ADVOCACY PROGRAMS
 COMMUNITY BUILDING VOLUNTEER OPPORTUNITIES PODCASTING
 INSPIRATIONAL STORIES DONATION/SPONSORSHIP

AREAS OF EXPERIENCE

EVENT PLANNING OUTREACH AND EDUCATION SUPPORT SERVICES
 ADMINISTRATIVE SUPPORT OTHER _____

ARE YOU A FAMILY MEMBER OF AN INDIVIDUAL AFFECTED BY BIRTH DEFECT OR DISABILITY?

YES NO

IF YES, WOULD YOU LIKE TO BE CONNECTED WITH SUPPORT SERVICES OR PEER GROUPS?

YES NO

PLEASE BRIEFLY DESCRIBE YOUR SITUATION OR CONNECTION TO THE CAUSE (OPTIONAL)

I, _____ HEREBY CONSENT TO THE AMBER GARRELTS FOUNDATION COLLECTING, STORING AND PROCESSING MY PERSONAL DATA IN ACCORDANCE WITH THEIR PRIVACY POLICY.

SIGNATURE: _____ DATE: _____
