



Children's Bridge

MEMBERSHIP FORM

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To ensure that The Children's Bridge provides you with optimal service and information, please complete this membership form in its entirety. Once you have completed this form, return it with your cheque, cash payment, or VISA information to The Children's Bridge office at the address above. If you are missing some information (i.e. Adoption Practitioner), you can still submit this form to become a member and forward us missing information when available.

Please be advised that any and all information provided in this application shall be for the exclusive and confidential use of The Children's Bridge and/or The Children's Bridge Foundation. No information provided herein shall be released, transmitted or transferred in any way to any third party without the member's express written consent.

Please select one of the following for **each** option:

The Children's Bridge may may not share my **personal** information with The Children's Bridge Foundation.
The Children's Bridge may may not share my **contact** information with The Children's Bridge Foundation.

Date: _____ Signature: _____

MEMBER INFORMATION

Marital Status: Married How long? _____
Single

	HIS INFORMATION	HER INFORMATION
First Name:		
Last Name:		
Date of Birth:		
Address: (Courier address if P.O. Box)		
Phone # (Home):		
Phone # (Business):		
Cell Phone #:		
Fax #:		
Email Address:		

