

New Member Request Form

Name(s) (first and last): _____

Member Type: _____ If other, specify: _____

Address: _____

City: _____

State: _____ Zip: _____

Country (if not in the US): _____

Phone Number: _____

Email Address: _____

4p- Child's Name (first and last): _____

Date of Birth (mm/dd/yyyy): _____ Gender: _____

Would you like to be added to the 4P- Support Group's listserv (email discussion forum)?

Do you prefer to receive our newsletters in the mail or through email?

Additional comments (limit 300 characters):

The above information will not be shared with anyone other than the 4p- Board of Directors without your authorization. Information is placed in our member database to enable the 4p- Support Group to notify members of gatherings, conferences, and other events. General data is also placed in the International Registry in order to keep an accurate count of the number of children born with 4p-. Refer to our privacy policy for more information.