

The 5p- Society

Basic Membership Information

Parent, Professionals, Relatives and Other

The **5p- Society** maintains a database of families in the United States and Canada for newsletter mailings, meeting announcements, and other informational mailings. Please complete and return this form if you would like to join our organization or have a change of information.

I/we want to join the **5p- Society** and give permission to have the following information included in the **5p- Society** listing and to allow the **5p- Society** to share this information with other families in the organization and to other interested professionals.

General Information *(please print)*

First Name(s): _____ Last Name: _____

Organization (if applicable): _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone Number: _____ Email: _____

Language(s) spoken: _____

Please Circle One:

Parents Professional Relative Other
(if other, please state how affiliated)

Child Information, if applicable:

Child's full name: _____ Date of Birth: _____

Please Circle One for each category:

Sex: Male Female

Child is: Biological Adopted Foster

Chromosome abnormality: Deletion Translocation Other (state type)

Child lives with: Both parents Mother Father
Relative (state who) Group home (less than 12 residents)
Other (state type)

Ethnic/Racial Origin (Optional): White/non-Hispanic Hispanic African American
Native American Asian Other

Release: Parents only, please state your level of interest in the society:

_____ I/We want to receive all mailings from the society. I/We also agree to let the information stated above be made available to other parents. I/We would be willing to be contacted by professionals whose research projects are approved by the 5p- Society. Participation in any project would be optional.

or

_____ I/We agree to let the information stated above be made available to other parents as well as receive all mailings from the society. I/We am not interested in being contacted by any professionals or participating in any research efforts.

or

_____ Newsletter only please. I/We do not want to be contacted by other families or professionals.

All others, please state your level of interest in the society.

_____ All mailings from the Society.

_____ Newsletter only please.

Signature Date

Signature Date

Membership fees are \$25.00 per year. Renewal date will be August 1 of each year.

Donations are accepted year round. The **5p- Society** is a 501(c) 3 not-for-profit corporation; your contributions are tax deductible.

Return this form to:
Database Coordinator
5p- Society
PO Box 268
Lakewood, CA 90714-0268

Any questions please call (888) 970-0777