



The Compassionate Friends Lehigh Valley Chapter #1562

New Member Information

Information is strictly Confidential and will be used in the creation & mailing of Newsletter and to inform members of Special Events, Meetings Etc...

PLEASE PRINT

Date

Last Name

First Name

Spouse

Street Address

City

State

Zip Code

Home Phone

Cell Phone

Email Address

Relationship to Child (Parent, Grandparent Sibling, Etc

(1) Child's Full Name

Boy

Girl

Age

Date of Birth

Date of Death

Cause of Death

(2) Child's Full Name

Boy

Girl

Age

Date of Birth

Date of Death

Cause of Death

Surviving Siblings Names & Ages

Additional Family Members & relationship to child

Include my child in the "Our Children Remembered" section of the Newsletter

Yes No

Include my child in the future "Our Children Remembered" section of the Website

Yes No

How did you hear about us ? _____

How would you like your names on your name tags _____

Name

Name

Mail Completed form to: Kathleen Collins, 2971 Pheasant Dr., Northampton, PA 18067