



usa

building global friendship
chattanooga chapter

2008 Membership

Family Information

Name _____

Address _____

City _____ State _____ Zip _____

Home telephone _____ email _____

Annual Membership

Family (\$30)--A family membership is required for all youth (under 19) applying to any CISV program or participating in Junior Branch _____

Individual adult (\$20) _____

Donation _____

Total _____

Please make your check payable to CISV Chattanooga and mail it to the following address:

CISV Chattanooga
PO Box 626
Chattanooga, TN 37401

Electronic Communication/Publication

In order to publish information about CISV Chattanooga activities in our newsletter, e-group or website, we need permission to list your name and/or use your photograph. Permission for you and your family members is assumed unless noted below.

___ Check here if you do NOT want your personal communication information distributed locally within CISV via mail, e-group or website

___ Check here if you do NOT want your photo published locally in official chapter publications or via electronic communication

Parent/Adult Name (print) _____

Signature _____ Date _____

PLEASE COMPLETE THE REVERSE SIDE TOO!

Please help us keep in touch with you by updating the following information with any changes:

Adult 1
 Name _____
 Phone (w) _____
 (c) _____
 Occupation _____
 Employer _____
 email _____
 Check if you would like this email address added to our e-group*
 Check here if you have been a CISV delegate or leader

Adult 2
 Name _____
 Phone (w) _____
 (c) _____
 Occupation _____
 Employer _____
 email _____
 Check if you would like this email address added to our e-group
 Check here if you have been a CISV delegate or leader

Child 1
 Name _____
 DOB _____ Sex m f
 School _____ Grade _____
 Email _____
 Check if you would like this email address added to our e-group
 Check if this child been a CISV delegate or JC. Please provide year of participation and program _____

Child 2
 Name _____
 DOB _____ Sex m f
 School _____ Grade _____
 Email _____
 Check if you would like this email address added to our e-group
 Check if this child been a CISV delegate or JC. Please provide year of participation and program _____

We would like to keep in touch with CISV alumni. Please provide information about any adult children who participated in CISV.

Adult Child 1
 Name _____
 Address _____
 City _____ State ___ Zip _____
 Phone _____
 Email _____
 Year(s) and program(s): _____

Adult Child 2
 Name _____
 Address _____
 City _____ State ___ Zip _____
 Phone _____
 Email _____
 Year(s) and program(s): _____

*Members of our e-group receive email notices about events and programs and can communicate with other CISV members.