



Date:

Please fill out the following form to update your personal information and to provide information on your family members in order to improve our communication with your household. Fill out one form per family.

Use a separate form if your older children are no longer students, live away from home, and have a permanent mailing address **(This includes your married/single children that have a family)**

Full Name _____ **Date of birth** _____

Mailing Address _____ **City** _____ **State** ____ **ZIP** _____

Main phone _____ **Cell phone** _____ **Email** _____

Occupation _____ **Local Club (if applicable)** _____

Are you the main contact person in your family? Yes ____ No ____ If not please provide name _____

Spouse full name (if applicable) _____ **Date of birth** _____

Cell phone _____ **Email** _____ **sign up for AFRP newsletter**

Occupation (if applicable) _____

Child #1 full name (if applicable) _____ **Date of birth** _____

Cell phone _____ **Email** _____ **sign up for AFRP newsletter**

Occupation or Studies (if applicable) _____

Child #2 full name (if applicable) _____ **Date of birth** _____

Cell phone _____ **Email** _____ **sign up for AFRP newsletter**

Occupation or Studies (if applicable) _____

Child #3 full name (if applicable) _____ **Date of birth** _____

Cell phone _____ **Email** _____ **sign up for AFRP newsletter**

Occupation or Studies (if applicable) _____

Child #4 full name (if applicable) _____ **Date of birth** _____

Cell phone _____ **Email** _____ **sign up for AFRP newsletter**

Occupation or Studies (if applicable) _____

Add more if needed.

membership database form v1.1