



Children's Bridge

MEMBERSHIP FORM

221-1400 Clyde Avenue
Ottawa ♦ Ontario ♦ K2G 3J2

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Fax: (613) 226-8843

Email: info@childrensbridge.com

www.childrensbridge.com

To ensure that The Children's Bridge provides you with optimal service and information, please complete this membership form in its entirety. Once you have completed this form, return it with your cheque, cash payment, or VISA information to The Children's Bridge office at the address above. If you are missing some information (i.e. Adoption Practitioner), you can still submit this form to become a member and forward us missing information when available.

Please be advised that any and all information provided in this application shall be for the exclusive and confidential use of The Children's Bridge. No information provided herein shall be released, transmitted or transferred in any way to any third party without the member's express written consent.

Please select one of the following for **each** option:

The Children's Bridge may may not share my **personal** information with The Children's Bridge Foundation.
The Children's Bridge may may not share my **contact** information with The Children's Bridge Foundation.

Date: _____ Signature: _____

MEMBER INFORMATION

Marital Status: Married How long? _____
Single

	APPLICANT 1 INFORMATION	APPLICANT 2 INFORMATION
First Name:		
Last Name:		
Date of Birth:		
Address: (Courier address if P.O. Box)		
Phone # (Home):		
Phone # (Business):		
Cell Phone #:		
Email Address:		

Adoption Practitioner: (include address, phone # and e-mail address)	
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YOUR CHILDREN:

Details (Please include *all* children in your family.):

First Name	Last Name	Date of Birth

STATUS

Please select one of the following options:

- Membership for services only or renewing member.
 Do not require a detailed country information package or phone call at this time.
 Have not yet chosen our country; please contact us to discuss options.
 Have chosen country and require a detailed package for (select **one** only):
- Florida, U.S.A.
 HIV
 Zambia
 South Korea
 Thailand
 Thailand Waiting Children
 India
 China Waiting Children

PAYMENT INFORMATION

Subscription:	<input type="checkbox"/> 1 year membership @ \$50.00	<input type="checkbox"/> 3 year membership @ \$130.00
Payment Amount:	_____	
Payment Method:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> VISA # _____ <input type="checkbox"/> MasterCard # _____	
	Name on Card: _____	
	Expiry Date: _____	
	Signature: _____	