



MEMBERSHIP FORM

Tel: (613) 226-2112
 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 credit card 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.

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.
- Have not yet chosen our country; please contact us to discuss options.
- Have chosen country and require a detailed package for (select **one** only):
 - HIV
 - South Korea
 - India
 - India Waiting Children
 - Thailand
 - USA, Heartsent

PAYMENT INFORMATION

Subscription:	<input type="checkbox"/> 1-year membership @ \$50.00 plus tax (\$56.50) <input type="checkbox"/> 3-year membership @ \$130.00 plus tax (\$146.90)
Payment Method:	
<input type="checkbox"/> E-transfer	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> VISA #: _____
	<input type="checkbox"/> MasterCard #: _____
	Name on Card: _____
	Expiry Date: _____
	Signature: _____