

Use this form to update information for our phone list and newsletter.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contribution: \_\_\_\_\_

Individual or Family?: I \_\_\_\_\_ F \_\_\_\_\_

Family Names: \_\_\_\_\_

Newsletter by US Mail?: Y \_\_\_\_\_ N \_\_\_\_\_ **If changing to Yes, add \$5**

**EMERGENCY CONTACTS** (In case treatment needs to be authorized):

NAME	RELATION	PHONE	E-MAIL	MED ALERTS

Send completed form to: Bill Creel, 6549 126<sup>th</sup> Ave SE Bellevue, Wa 98006