

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 \$10**

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

NAME	RELATION	PHONE	E-MAIL	MED ALERTS

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