



To promote the prevention of spina bifida and to enhance the lives of all affected

MEMBERSHIP FORM

No membership fees. Join today to get connected with the SBACFL community.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ County \_\_\_\_\_

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

Email address \_\_\_\_\_

Do you prefer SBACFL send all information via e-mail? [ ] Yes [ ] No

Do you give SBACFL permission to list your contact info on a membership roster to share with other SBACFL members?
\_\_\_\_\_ yes \_\_\_\_\_ no
If you answered yes to sharing info on a roster, can we list the ages of the children as that will help families be able to connect with others in the same age range?
\_\_\_\_\_ yes \_\_\_\_\_ no
SBACFL will not share your information with anyone outside of the organization.

I am (check one):

- \_\_\_\_\_ Adult with SB \_\_\_\_\_ Relative or Friend \_\_\_\_\_ Parent (Guardian) of a child with SB
\_\_\_\_\_ Grandparent \_\_\_\_\_ Medical Professional \_\_\_\_\_ Other \_\_\_\_\_

Family Information:

Table with 5 columns: Name, Relationship, Date of Birth, With SB, Without SB. Contains 4 rows of blank lines for data entry.

**Parents:**

Would you be willing to serve as a contact and encourager for a family who:

- |   |          |         |
|---|----------|---------|
| (1) ... has just had a child with Spina Bifida?         | _____yes | _____no |
| (2) ... is pregnant with a baby with Spina Bifida?      | _____yes | _____no |
| (3) ... has just moved into the area and has questions? | _____yes | _____no |
| (4) ... is an adult living with Spina Bifida?           | _____yes | _____no |

**Name of person willing to be a contact** \_\_\_\_\_

SBACFL will be creating a “Been There---Done That Resource Sheet” for members. If you would like to serve as a contact, please list below your name and one or two areas where you feel you could help others. For example: Scoliosis; latex issues; bowel program challenges; adaptive sports; teens w/SB; sibling challenges; etc.

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Comments or suggestions on how we can better serve your needs:

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If you would like to help with SBACFL, list the ways you could help below:

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Please mail completed form to:  
  
SBACFL  
PO Box 700536  
Saint Cloud, FL, 34769

For more information, please call SBACFL at 407-248-9210 or e-mail at [sbacfl@gmail.com](mailto:sbacfl@gmail.com).

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