



To promote the prevention of Spina Bifida and to enhance the lives of all affected

ADULT WITH SPINA BIFIDA / FAMILY WITH CHILD WITH SPINA BIFIDA MEMBERSHIP FORM

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

I am (check one):

_____ Adult with SB _____ Parent (Guardian) of a child with SB

Name _____

Address _____

City, State, Zip Code _____ County _____

Home Phone _____ Cell Phone _____

Email address _____

Profession _____

Family Information:

Name	Relationship	Date of Birth	With SB	Without SB	Profession
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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.

If you would like to help with SBACFL, please check below what you can do:

_____ Serve as a contact and encourager to:

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|
| (1) A family that has just had a child with Spina Bifida? | _____yes | _____no |
| (2) A mom-to-be who is pregnant with a baby with Spina Bifida? | _____yes | _____no |
| (3) A family that has a child with Spina Bifida or an adult living with Spina Bifida that has just moved into the area and has questions? | _____yes | _____no |
| (4) An adult living with Spina Bifida? | _____yes | _____no |

Name of person willing to be a contact _____

_____ Host a support group

_____ Serve on a committee (i.e., fundraisers, public relations, membership, mother's outing, newsletter)

_____ Serve as a volunteer for SBACFL events

_____ Sponsor an SBACFL event

_____ Organize an event to benefit SBACFL

_____ Make a donation to SBACFL – *please go to our website or send check payable to SBACFL*

_____ Skills/talents I can provide _____

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.

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

Please mail completed form to:

SBACFL
PO Box 700536
Saint Cloud, FL, 34769

You may also email this form to
sbacfl@ymail.com

For more information, please call
SBACFL at 407-248-9210 or e-mail
at sbacfl@ymail.com.

SBACFL web address:
www.sbacentralflorida.org

03/28/2011