

Address: _____
City: _____
Zip Code: _____

What does your family do for fun?

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I **DO** or **DO NOT** (please circle one) give my permission to allow my contact information (e-mail and phone only) to be given out.

The reason for this would be when a new member joins our group or contacts us wanting to meet families to connect with; we would be able to see who lives with in the same zip code or area and give them your e-mail or phone. This can be extremely helpful for new moms.

Print you name here	Date
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Signature	Date
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Please turn in or mail or fax to:
NOAH • Attn: Lori for South Texas Chapter • PO Box 959 •
East Hampstead, NH 03826-0959 • Fax: 800-648-2310
OR scan & email to stxnoahmom@yahoo.com
<http://stx.albinism.org>