



Parents Without Partners, Inc.

Rev 2/08

Membership Application
Chapter 1239 - Central New England

Please Print Clearly

www.pwp1239.org

\$45 New Member Fee
\$40 Annual renewal fee

MEMBER INFORMATION													
First Name			M.I.	Last Name						Living Children's Birth Dates			
Street Address				Apartment #						Name	Gender		Birth Date
City			State		Zip Code						<input type="checkbox"/> M <input type="checkbox"/> F		
PHONE NUMBERS				Birth Date of Applicant							<input type="checkbox"/> M <input type="checkbox"/> F		
	Area		Number							Month	Day	Year	
HOME										[][]	[][]	[][]	
CELL										Gender	<input type="checkbox"/> M <input type="checkbox"/> F		
Marital Status				Number of Children						Email			
<input type="checkbox"/> Divorced	<input type="checkbox"/> Never Married									Newsletter Preference			
<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed									<input type="checkbox"/> Email	<input type="checkbox"/> Download from website		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No										<input type="checkbox"/> Previous PWP Member			
Have you ever been denied or been expelled from membership in a PWP Chapter? <input type="checkbox"/> Yes <input type="checkbox"/> No										If Yes, Chapter _____			
PROFESSIONAL REFERENCE													
Name				Profession						How did you hear about us? <input type="checkbox"/> Curr/Prev PWP Member <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Colleague <input type="checkbox"/> Counselor <input type="checkbox"/> Lawyer <input type="checkbox"/> Other (please specify) _____			
Address			City			State		Zip Code					
<p>Email Policy: By providing your email address on your membership form you are authorizing PWP Chapter 1239 to send you at least an initial email. After receiving this email, you may opt out of receiving any emails from us by following the instructions provided in the welcome message. We highly recommend that you stay on the email list, as it is the most expedient way of communicating with our members. PWP email is used for internal PWP1239 purposes only. Email addresses are never shared with any other business or individual. Occasionally one member will request to contact another member by email. In these cases, a BOD member will notify the member of the other person's request for their email address. Is it then up to that member whether or not they want to share their email and have contact with the member making the request.</p> <p>Bounced Check Policy: If my check written to PWP bounces, I agree to reimburse PWP1239 for the bank fees as well as the full membership fee in order to retain my status as a PWP member. The Treasurer may require this payment by cash or money order. If I decide not to join I still agree to pay the bounced check fee to PWP and forfeit my membership due to non-payment of dues.</p>													
<ul style="list-style-type: none"> • Along with dues payments, I hereby apply for membership in the local chapter of PWP inc. for one year. • I affirm that I am a single parent and that the information on the application is true and correct and that I will advise the Chapter Membership office or President of any change to my eligibility. I understand that if my eligibility changes, I will relinquish my membership card immediately to the Chapter Vice President of Membership. • I pledge adherence to the aims and purposes of Parent Without Partners, and agree to be bound by and abide by its Constitution, Bylaws, rules and regulations. • I understand that my membership card is not transferable to any other person, under penalty of forfeiture of my card and membership, and the card remains the property of PWP, Inc. • I understand that if I falsify any information, this shall be grounds for immediate expulsion. • I hereby give my permission for my personal reference to release the verification information, thereby confirming that I am eligible for membership in Parents Without Partners, Inc. 													
Signature _____								Date _____					
ASSIGNMENT OF NAME AND LIKENESS RIGHTS													
I HEREBY AUTHORIZE Parents Without Partners, Inc. to use, reuse and to grant others the right to use and reuse my name and photograph, as well as those of minor children under my care and control on this date, and any reproduction of simulation thereof, in any media now known or hereafter developed (including, but not limited to Internet, film, video and digital or other electronic media), both during and after my membership, for whatever purpose it deems necessary.													
PLEASE CHECK: <input type="checkbox"/> Member Picture Release <input type="checkbox"/> Children Picture Release													
Signature _____								Date _____					
PWP USE ONLY													
As a member in good standing, I sponsor this applicant and verify that he/she is eligible for membership in Parents Without Partners, Inc. I understand that knowingly falsifying this could be grounds for loss of my membership.													
Sponsoring Member's Signature _____								Membership # _____		Date _____			

