

## New Member Information Form

Please take a few minutes today to complete this form and return it to the Facilitator. Your information is for use in administration of the Better Breathers Club program by the Facilitator and the American Lung Association and will not be shared with third parties.

\*Name: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_

\*Sometimes the BBC Facilitator or a designated member will need to communicate with you about Club news. What is your preferred way to be contacted?

Email     Home Phone     Cell Phone     No preference

The following information is optional, but we would appreciate knowing a little more about our BBC members.

Birthday (Month/Day/Year): \_\_\_\_\_

Gender: \_\_\_\_\_

Which lung disease are you most interested in learning about (please check all that apply)?

Asthma     COPD     Pulmonary Fibrosis/IPF     Lung Cancer     Sarcoidosis

Other

Are you a caregiver for someone with lung disease?     Yes     No

Which best describes your race or ethnic group?

Caucasian     African American     Hispanic     Asian/Pacific Islander

Native American/Alaska Native     Asian Indian, Asian    Other, \_\_\_\_\_

Do you speak a language other than English at home?     Yes     No

If yes, what is the language? \_\_\_\_\_

- Yes, I would like to receive emails from the American Lung Association  
 Yes, I would like to receive postal mail from the American Lung Association

\*Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

Thank you and welcome to Better Breathers Club!