

New Member Information



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. (**indicates required information*)

*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(s)? _____

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!