



Concerned United Birthparents, Inc. Membership Registration

This form is available online at <http://www.cubirthparents.org/docs/member.pdf>

Join or renew your membership in CUB

- \$40 New Membership
 \$40 Membership Renewal.

Name _____
 Address, line 1 _____
 Address, line 2 _____
 City _____ State/Province _____ ZIP code _____
 Country _____ Telephone No. _____
 Email Address _____

Adoption Status: please check all that apply.

- Birthparent Spouse or Family member
 Adoptee Adoption Professional
 Adoptive Parent Open Adoption
 Other (please specify): _____

_____ Subtotal:
 _____ (Optional) Donation to support CUB
 _____ Total

MAIL OR FAX FORM WITH PAYMENT

Concerned United Birthparents, Inc. Fax: 858-712-3317
 P.O. Box 5538 Need help or have
 Sherman Oaks, CA 91413 questions? Call Denise at
 www.CUBirthparents.org 800-822-2777 ext. 82.

Payment Method

- Check or Money Order payable to CUB, Inc. enclosed
 Visa _____
 MasterCard _____
 Discover _____ Credit Card # _____

CUB National Board Members

Name on card _____ Exp. date _____
 Signature _____ REV0517

Officers

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