

New Attendee 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 Lung Cancer Support Groups 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 facilitator will need to communicate with you about group news.

What is your preferred way to be contacted?

Email Home Phone Cell Phone No preference

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: _____

Are you interested in volunteering with the American Lung Association?

Yes Maybe but not right now No

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 the Lung Cancer Support Group!