



Christian Family Movement

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As a member of the Christian Family Movement, you will receive a copy of a CFM program guide, the ACT e-newsletter, and other helpful marriage and parenting emails as requested below.

Your membership donation supports an international ministry to families.

Additional donations are appreciated and help support our efforts to reach out to new families.

Membership Type and Donation

- New Member, \$10 suggested donation
- Returning Member, \$40 suggested donation
- Additional Donation _____

Total _____

All donations are appreciated and are tax deductible. CFM is a 501(c)(3) organization.

PLEASE PRINT CLEARLY

Note for Returning Members: *If your information has not changed in the last year, you may fill out only Name(s), Parish and Email Address.*

Name(s), First and Last 	Parish CFM Coordinator Name 	Today's Date New Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred E-mail 	Ages of Children 	Home Phone (with Area Code) (_____) _____ .
Address 	City, State, Zip 	Cell Phone (with Area Code) his (_____) _____ - _____ hers (_____) _____ - _____

New and Returning Members: Please fill out all sections below.

All members receive ACT , our newsletter sent via email monthly. Would you also like to receive? <input type="checkbox"/> Marriage Moments <input type="checkbox"/> Parenting Pointers <input type="checkbox"/> Neither, thank you Both are short, weekly emails.	Program book: <input type="checkbox"/> I received a book already <input type="checkbox"/> I need a book-please send: _____ (Book Title) <input type="checkbox"/> Do not send book	Please check all that apply: <input type="checkbox"/> I am the coordinator for CFM at my parish. <input type="checkbox"/> I am a Deacon. <input type="checkbox"/> I work for the Diocese/Archdiocese. <input type="checkbox"/> I am a parish staff member.
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Date _____

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