



Christian Family Movement

PO Box 1477 Severna Park, MD 21146

Phone 800-581-9824

www.cfm.org
director@cfm.org

3/1/2020

Your membership dues support an international ministry to families.

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

Membership Type and Dues

- New Member, \$10/family
- Renewing Member, \$40/family
- 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 Parish City/State CFM Coordinator Name | Today's Date First-Year Member? Yes No |
| Primary Family Email: Your membership is identified by this email. You will use this email to log in to your membership account at CFM.org | Secondary email: Include this address if the other spouse also wants to receive CFM email communications. | Ages of Children |
| Primary Family Email | Secondary email | Home Phone (with Area Code) (____) _____. |
| Home Address | City, State, Zip | Cell Phone (with Area Code) his (____) _____ - _____ hers (____) _____ - _____ |

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

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

_____ Please sign here