

# New Member Information



Please take a few minutes today to complete this form and return it to the Facilitator. This information will help your facilitator know the best way to communicate with you and find out what topics you hope to learn more about.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Sometimes the Facilitator or a designated member will need to communicate with you about Club news.

**What is your preferred way to be contacted?**

Email       Phone Call       Text       No preference

The following information is optional, but we would appreciate knowing a little more about our 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       Pulmonary Hypertension  
 Other \_\_\_\_\_

**Are you a caregiver for someone with lung disease?**     Yes     No

**Please check topics that you would like to learn more about:**

Nutrition       Breathing Techniques       Understanding Medicare       How to Stay Active  
 Other: \_\_\_\_\_

**Do you speak a language other than English at home?**     Yes     No

If yes, what is the language(s)? \_\_\_\_\_

The Patient & Caregiver Network is a free, online support program offered through the American Lung Association providing direct access to lung disease management tools, education, and connection to other patients and caregivers. You can join at [Lung.org/PCN](http://Lung.org/PCN) or scan this QR code.



Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you and welcome to Better Breathers Club!*