

The Compassionate Friends of SouthWest FL
PO Box 112524, Naples, FL 34108
(239) 690-7801, info@tcfswfl.org www.tcfswfl.org

Date: _____ New Member _____ Changes to Member Info _____

Everyone with The Compassionate Friends Organization wants to say...We are sorry you have the need for this Membership form, but we are thankful you have found us, and we hope our Chapter will be helpful to you. Please complete the data sheet below and return it so that we may add you to our database for future mailings and events. This is to ensure that all the information we have is correct and complete. **This is for internal use only.**

First Name: _____ Last Name: _____

Spouse/Significant Other: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ E-mail: _____

Cell #: _____ Other E-mail: _____

Do we have your permissions to list your loved one's name & picture (if we have it) with month and day (not year) in our Secret Facebook page & Newsletter? Yes _____ No _____ (Our members find this a very comforting and honoring thing on those very difficult dates)

Are you on Facebook? We have a "Secret Facebook Group", members must be invited & then approved. For our members privacy this page cannot be found by searching. Would you like to join this group Page? Yes _____ No _____

Loved One's Information

First Name: _____ Middle: _____ Last: _____

Male: _____ Female: _____ Please Circle Relationship: Son Daughter Brother Sister Grandchild

Sunrise (birth): _____ Sunset (passing): _____

Names and ages of surviving siblings:

How did you find out about The Compassionate Friends of SWFL? Friends, Family, Hospital, Doctor, Church, School, Funeral Home, Internet, Newspaper, Other: _____

Voluntary donations are our only source of income. The Compassionate Friends needs to be here for the families who do not know today that they will need us tomorrow.