CMTC MEMBER INFORMATION FORM

Member Full Name (Last, First, M.I.)		Preferred Name		
Local Address (Mailing)	City	Province	Country	Postal Code
Hometown Address	City	State	Country	Zip Code
Blood Group (optional)				

Telephone: Home: _____   Cell: _____

Family Details: (you may mention nicknames next to your formal names in brackets if you wish to do so)

Spouse _____   **Blood Group (optional)** _____

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Child 1 _____   **Blood Group (optional)** _____

Child 2 _____   **Blood Group (optional)** _____

Child 3 _____   **Blood Group (optional)** _____

Child 4 _____   **Blood Group (optional)** _____

Child 5 _____   **Blood Group (optional)** _____

Child 6 _____   **Blood Group (optional)** _____

Member Signature	Date

Please print clearly and legibly to minimize errors

Process of completion:

1. *Duly filled and completed form to be handed to your respective Area Reps **(week prior to your scheduled photo shoot)***
2. *On the day of your photo shoot, you will be requested to verify the information and sign the form after confirmation*
3. *This information will then be send to IPC services for publishing in the photo directory*