

**Westport Monthly Meeting of Friends
ATTENDER/MEMBER INFORMATION SHEET**

Please fill out one for each family member.

Name: _____

Attender: ____ **Member:** ____ **Junior Member:** ____ (*before age 25*)

Check box for information wanted in WMM Directory

I would like to be listed in the Westport Meeting Directory:

Identify as: F __ M __ Other __ Preferred Pronoun/s _____

Birth Date: _____

Home Address:

Street: _____

City/Town: _____

State: _____

Zip Code: _____

Mailing Address: _____

(if different from home)

Contact Information: Please star * preferred contact

Home Phone: _____

Cell Phone: _____

Email: _____

I would like to receive information from the WMM:

Person filling out form: _____ **Date:** _____

For NEYM Statistical Report Purposes

Membership addition by application _____ Date _____

Membership addition by transfer _____ Date _____

Loss by death _____ Date _____

Loss by transfer _____ Date _____

Loss by lapse, resignation, discontinuation _____ Date _____