

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



# Membership Application

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

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

City, State, Zip \_\_\_\_\_

Telephone/Home \_\_\_\_\_ Telephone/Work \_\_\_\_\_

- Please Check One:
- Out of Town/Searching\*\* \$45.00
  - Full Search \$60.00
  - Friend \$100.00
  - Out of Town/Supporting \$40.00
  - Supporting \$40.00
  - Life \$500.00

**\*\*Out of Town Search/Supporting Membership is determined by your locale. If you are living OUTSIDE A 50 MILE RADIUS OF BUFFALO, you are an Out-of-Town Member**

Due to financial circumstances you may qualify to have fees broken down in payments or have fees dropped. All decisions reviewed by Executive Board. Please enclose a copy of your most recent 1099-Disability or copy of Public Assistance Id.

Please Check those which apply:

- Adoptee, Searching
- Adoptive Mother
- Sibling Reunited
- B-Mother, Searching
- Adoptive Father
- Adoptee Reunited
- Sibling, Searching
- Preadoptive / Foster Parent
- B-Mother/Father, Reunited
- B-Father, Searching
- Adoption Professional
- Other: \_\_\_\_\_

Have you registered with International Soundex Reunion Registry, Carson City, NV? Yes  No

Have you registered with the NYS Adoption Reunion/Medical Information Registry? Yes  No

Child's Date of Birth: \_\_\_\_\_  Male  Female

City/State/Country of Birth: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_  Agency  Private

Name of Agency: \_\_\_\_\_

County Court of Finalization:

	<u>Surrogate/Family/Supreme</u>		<u>County</u>	<u>State</u>
Have you obtained Non-Identifying Information?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you obtained Hospital Records?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you own a Computer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you Searching On Line?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Please attach a COPY.

Please attach a COPY.

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

Other information about your adoption you wish to share? [use back if needed] \_\_\_\_\_

**Paces relies solely on Membership Fees, Donations and volunteers to complete it's mission of Education, Search and Support. If you have skills or talents you would like to Volunteer to the organization, and are willing to help others as well as yourself, please answer the questions below:**

What Technical Expertise, Skill or Talents? \_\_\_\_\_

Your Education [Degree or Field of Endeavor]? \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Foreign Language: \_\_\_\_\_

Computer Programs you have: \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT PACES? \_\_\_\_\_

Please send your completed Application, and check or money order, payable to P.A.C.E.S., our address below.

Membership Selected: \_\_\_\_\_ \$

Additional Donation \_\_\_\_\_ \$

Total Enclosed: \_\_\_\_\_ \$

Please do not write below this line. Thank you.

Recorded on: \_\_\_\_\_

By: \_\_\_\_\_