



<u>Office Use Only</u>	
NMM: _____	From: _____
Member Number: _____	To: _____

Gilda's Club Grand Rapids Membership Information/ Grief Support

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ County: _____

Male/Female: _____ Please email me the calendar monthly _____

Check one (optional): African American ____, Asian American ____, Hispanic ____,
Native American ____, White/Caucasian ____

Employer (if any): _____

Occupation: _____ How you heard about Gilda's Club? _____

Do you wish to receive information about donating to Gilda's Club, fundraising events
and activities? Yes ___ No ___

Contact Information

Emergency contact name, relationship and phone number: _____

Your Grief Journey

Who in your life died? _____

When did the death occur? _____

Cause of death; if cancer, what type? _____

Are you interested in enrolling a child in the Children's Grief Program? _____

If yes, what are the children's names, ages and who in their life died? _____

