## **Grandmothers Group Registration Form**





Group Name:			
City (where your group is based):		Province/State:	
Primary Contact:	Alternate Contact: _		
Email:	Email:		
Phone:	Phone:		
Address:	Address:		
Group Description (200 words or less):			
Group Description (200 words of less).			
Is your group open to new members?	☐ Ye	s 🗖 No	
How many members are currently in your group?			
Can we share your contact information with other groups and potential new members? □ Yes		s 🗖 No	
Does your group have a Facebook page or website? ☐ Yes		s 🛘 No	
If yes, please provide the contact information you would like us to share:			
Name: Phone: _			
Email:			

Please see reverse for group membership list.

Membership List

Please provide the names and contact information of all of your group members. As additional members join, please email us your updated membership lists to campaign@stephenlewisfoundation.org. Feel free to use extra forms if needed.

Name	Email	Phone	Mailing Address