



Referral - Membership Application

Date: _____

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Requirements for Membership

Must be willing to participate

- 1.) Would like to join the Living Brave TBC Family of Fighters and Survivors? Yes No
2.) Do you agree to share your story at our Annual Early Detection Awareness (EDA) Event in the month of October? Yes No
3.) Have you struggled financially and emotionally? Yes No
4.) Do you agree to support and participate in at least 2 Living Brave TBC Family Events? Yes No
5.) Do you agree to return to our Annual EDA event to support our new Living Brave TBC Family Members? Yes No
6.) Do you agree to share information on your social media regarding fundraising to help support the organization and members of Living Brave TBC? Yes No
7.) Do you agree to all the photography taken at every event to be used in advertisements? Yes No

References

Please advise who referred you to Living Brave Through Breast Cancer Organization.

Full Name: _____ Relationship: _____

Phone _____ Email: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Email it to: team@livingbravetbc.org