



Pull-thru Network Membership Application and Medical History Information

All information provided as part of this application and medical history is covered by the Pull-thru Network Privacy Policy and is required for membership.

Please fill out the following membership application and medical history as completely as possible. When you join Pull-thru Network, you are given a user name and password to access the members only area of the website and a website profile page is automatically created for you. Unless you indicate otherwise, only your user name will be visible to other Pull-thru Network members. However, since profiles are searchable by members to help members locate others for member-to-member networking, the more information you are willing to share the better the networking matches will be. We respect your privacy and you are in complete control of how much information you share. You can also update the information at any time. Please indicate on the form what information can be included on your website profile page.

All website profile information can only be viewed by logged in Pull-thru Network members.

Please complete pages 1 and 2 and return with your payment or dues waiver request to:

Pull-thru Network, 2312 Savoy Street, Hoover, Alabama 35226-1528

Questions? Contact Bonnie McElroy at 205/978-2930 or Info@PullthruNetwork.org

Please keep the Pull-thru Network Terms of Use for your reference.

Pull-thru Network Membership Application

Show On
Profile Page

<input type="checkbox"/>	Member Name _____
<input type="checkbox"/>	Address _____
<input type="checkbox"/>	City _____
<input type="checkbox"/>	State _____
<input type="checkbox"/>	Zip/Postal Code _____
<input type="checkbox"/>	Country _____
<input type="checkbox"/>	Telephone _____
<input type="checkbox"/>	Email _____
<input type="checkbox"/>	User name _____
	Password _____ (at least 8 digits)

Payment Information

Dues are \$30 per year, payable to Pull-thru Network in US dollars

Payment enclosed \$ _____
(cash, check or money order)

Donation \$ _____
(100% tax deductible)

Total \$ _____

I would appreciate receiving a dues waiver for my membership in Pull-thru Network. I understand that this information is strictly confidential.

Your Pull-thru Network membership includes your immediate family.

Contact us if your spouse/partner or child would like to also have a user name and password for the website.

I agree to respect the privacy of other Pull-thru Network members. I will not disclose any information shared with me by another member without that member's specific permission to do so. This information includes anything shared on the forums, in member chats, on a member's profile page, and/or in the PTN News.

I have read and agree to abide by the Pull-thru Network Membership and Website Use Terms and Conditions.

